AGRICULTURAL SOCIETIES COUNCIL OF NEW SOUTH WALES LIMITED

HORSE HANDLING PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER

Show Society		
Name of Event	Date of Event	
Name Of Participant	Contact Telephone of Participant	
Participant Address	Participant Email	
(together the suppliers) ac	es Limited and(name of show) including passive participation) in animal handling andling of animals is a dangerous recreational activir hurt.	

- 1. By signing this waiver I acknowledge that:
 - 1.1 participation in animal handling is a recreational service for the purposes of section 139A of the Australian Competition and Consumer Act (Cth) 2010, and also a recreational activity for the purposes of section 5K of the Civil Liability Act (NSW) 2002;
 - 1.2 participation in animal handling is a hazardous activity and may result in injury, loss, damage or death to me;
 - 1.3 participation in animal handling requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the events;
 - 1.4 animals can act in a sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises;
 - 1.5 animal showing events will be held in close proximity to rides and large groups of people, and that there may be loud and unfamiliar noises which can frighten animals;
 - 1.6 if the event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind:
 - 1.7 insects or other animals may cause animals to become frightened and act in an unpredictable way;
 - 1.8 there is inherent in events involving the handling of animals the risk of suffering injury including injuries caused by animals; and
 - 1.9 I use the facilities supplied for the event entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me.
- If I suffer injury, loss or damage (**Loss**) while participating in an animal handling event, I will not hold the Suppliers, their employees or agents legally responsible for any Loss I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in.
- I acknowledge and agree that my participation in the event and associated activities is dangerous and may have inherent risks as a result of which personal injury (and sometimes death) may occur. I acknowledge that the event and associated activities carry with them a significant risk of physical harm. I accept and assume all such risks of personal injury or death in anyway whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I or my representatives may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with these activities.
- 4 At the time of participating in the event, I have not been to any degree under the influence of alcohol or illicit drugs.

I agree to be bound by the as varied from time to time		Agricultural Societies Council of Ne	w South Wale	s Limited
Name of Horse	Owner of Horse	Microchip No. or Reg No. or Description (sex. colour, brand)	Pic No	Last Event & Date
		orse/s, declare that, to the		
npete at this event Signature		Dated		
<u> </u>				
Where the participant	is <u>over</u> 18 years of	age:		
	and understood this waive secutors and administrator	er prior to signing it and agree ts.	hat this waive	er will be binding on
		me to participate in the activity and the representations I have n		f this document in
I agree that this waiver South Wales.	shall be governed in all re	spects by and interpreted in ac	cordance with	n the laws of New
Signature		Dated		
Where participant is <u>L</u>	ınder 18 years of a	ge (to be completed by a par	ent or guard	ian):
Participant's Date of Bi	th			
	hild participating in this ev	, being a parent or legal guardia ent.	an of the abo	ve named participant
		plained to the participant, this w s/her) heirs, next of kin, executo		
		the participant to participate in t dged by me and the representa		
I agree that this waiver South Wales.	shall be governed in all re	spects by and interpreted in ac	cordance with	n the laws of New
South wates.				