

NB It is a condition of entry that evidence of current Public Liability Insurance is produced/ the accompanying Waiver Acknowledgement Form be completed.

All information MUST be provided for the Stud Beef Section Co-ordinator to satisfy (transfer in and out of all cattle) NLIS requirements.

A **Late Fee** of **\$4.00** will be charged per Head to each Exhibitor for entries received after 5.00pm Monday 26th August 2023.

Entries may be posted to: ATT: Stud Beef Section Co-ordinator P O Box 159 WONDAI QLD 4606

or email secretary@wondaishow.com.au . Cheques made payable to Wondai AP & I Society Inc.

or **Direct deposit** can be made to: BSB- 124 961 Account- 234 949 81 (Reference your last name followed by 'stud beef')

Gender M/F	Date of Birth	Class No. from Schedule	Name of Exhibit	Name of Sire	Name of Dam	Tattoo Number or Brand	Entry Fee

Breed:..... Stud Name:..... Total Fees: \$ .....

Name of Exhibitor:..... PIC Number:..... Phone Number:.....

Postal Address:..... Email:..... Mobile Number:.....

..... NVD / Waybill Number:..... (Provide on Show Day)

I declare that the nominated animals are free of disease. Signature Exhibitor:..... Date: .....

**Please ensure you also complete page 2 of this form**

Wondai AP & I Society Inc  
Wondai Show

**Event Participant – Waiver, Release and Acknowledgement Form**

In this Waiver, Release and Acknowledgement Form “the society” means and includes all affiliated entities; servants or agents, all employees, all Members and all Volunteers of the Society and or affiliated entities.

**By participating in the Event:**

1. I acknowledge that it is a condition of participation that I do so at my own risk. I accept all risks and release the Society from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for any injury, loss or damage arising out of or connected with my participation in the Event. This release continues forever and binds my heirs, successors, executors, personal representatives and assigns.
2. I acknowledge that it is a condition of participating in the Event that the Society and any person or body directly or indirectly associated with the Event are absolved from all liability arising for injury or damage to myself or my property howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty, default and or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or otherwise.
3. I acknowledge that participating in the Event may involve a risk of serious injury or even death. I accept all risks necessarily flowing from participating in the Event.
4. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
5. I warrant that I am physically fit to participate in the Event and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
6. I consent to receiving any medical treatment including Ambulance transportation that the Society and any person or body directly associated with the Event think desirable as required during the Event.
7. I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with the rules and/or directions given to me by the society and any person or body directly or indirectly associated with the Event.

Signature: .....

Date: .....

Print name in full: .....

Phone: .....

**DECLARATION OF MINORS – UNDER 18 YEARS OF AGE**

If you are under the age of 18 on the Event Day your Parent or Guardian must sign this Declaration.

I certify that I am the Parent/Guardian of ..... who will be ..... years of age on the day of the Event and that he/she has trained for and has my consent to participate in the Event. I testify that I have read and acknowledge acceptance of the stated conditions on behalf of the minor specified above.

In consideration of the facilities provided to us, I myself, executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge the Show Society and any person directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with participation in the Event that I or the child/children/under age person/s may suffer or sustain

Signature of Parent/Guardian: ..... Print name in full: .....Date: .....

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENTS FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

## BOOKING OF CATTLE STALLS

Cattle stalls are available to be booked once Nominations are in on time and paid in full. First in, first served!

Please complete the following details and submit with Entry Form and Payment.

Allocation will be dependent on availability.

Number of Stalls required

Dates required: .....

Name of Exhibitor: ..... Phone contact: .....