



**KILLARNEY
SHOW & RODEO SOCIETY INC.**
P.O. Box 97 Killarney Q 4373 | E: secretary@killarneyshow.org.au
ABN 90 248 434 735



KILLARNEY ANNUAL SHOW 2024 PAVILION ENTRY FORM

Name:

Postal Address:

Email Address:

Please tick if you consent to newsletters and updates being emailed from Killarney Show & Rodeo Society Inc

Contact Phone:

ENTRY DETAILS: (All entries must be marked with class number and section).

Please Note: General Exhibitor Waiver Form MUST be completed for the pavilion. This is located on our website. www.killarneyshow.org.au

Section	Class	Description	Entry Fee	Number (Office Use)
Total				

1. A General Exhibitor Waiver form must be completed
2. One entry form can be used for all pavilion sections.
3. Joint entries are not permitted
4. Exhibits will be accepted at the Show Pavilion on Wednesday from 2.00pm to 6.00pm, Thursday from 8.00am to 6.00pm and to 9:00am Friday – please note exceptions in the schedule.

Please make cheques payable to the Killarney Show & Rodeo Society Inc. PO Box 97 Killarney Qld 4373



NAME OF EVENT: Killarney Show 2024 - Pavilion

DATES/DURATION OF EVENT: 23 – 25 February 2024

General Exhibitor

Waiver, Release and Acknowledgement Form

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

By exhibiting in the Show:

1. I acknowledge that it is a condition of and consideration for exhibiting in the Show that I do so at my own risk.
2. I accept all risks and waive and release the Society from all claims, demands and proceedings arising out of or connected with my exhibiting in the Show and indemnify the Society together with any other organisation or person involved in the conduct of the Show against all liability for any injury arising out of or connected with my exhibiting in the Show. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns irrespective of whether such claims, demands and proceedings directly or indirectly arise out of or are in connection with or are caused by any negligent, willful, unlawful or wrongful act or omission of the Society or any of its officers and employees.
3. I acknowledge that it is a condition of exhibiting in the Show that the Society and any person or body directly or indirectly associated with the Show are absolved from all liability arising for injury to myself howsoever caused arising out of my exhibiting in the Show.
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 acknowledge that I must produce evidence to the Society that I have a current policy of public liability insurance.

SIGNATURE: _____

FULL NAME (PLEASE PRINT): _____

DATE:

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT 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.



DECLARATION OF MINORS – UNDER 18 YEARS OF AGE

If you are under the age of 18 years 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 the above and
acknowledge acceptance of the stated conditions on behalf of the minor specified above.

In consideration for the above minor's participation in the event, I myself, my executors,
administrators and assigns and for the child/children/under age person/s (if applicable)
absolutely indemnify, waive, release and discharge the 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 for death, physical or mental injury that the
child/children/under age person/s may suffer or sustain.

SIGNATURE: _____

FULL NAME (PLEASE PRINT): _____

DATE:

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY
UNDERSTAND ITS TERMS 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.