





## General Exhibitor - Waiver, Release and Acknowledgement Form

**NAME OF EVENT:** Killarney Show 2024

**DATES/DURATION OF EVENT:** 23<sup>rd</sup> and 24<sup>th</sup> February, 2024

### **KILLARNEY SHOW AND RODEO SOCIETY ("the Society")**

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 exhibiting in the Show 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 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, loss or damage 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.
2. 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 or damage to myself or my property howsoever caused arising out of my exhibiting in the Show.
3. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
4. I acknowledge that I must produce evidence to the Society that I have a current policy of public liability insurance.

**Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name in full:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:(Optional):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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 of the facilities provided to us, I myself, my 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: \_\_\_\_\_

Date: \_\_\_\_\_

Print name in full: \_\_\_\_\_

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.