



HERBERT RIVER PASTORAL & AGRICULTURAL ASSN INC.

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PRESIDENT: Wayne Forden
SECRETARY: Sharan Kelley

**HERBERT RIVER SHOW SOCIETY
FARMER'S CHALLENGE ENTRY FORM**

The Herbert River Show Society is holding a Farmer's Challenge; in a fast paced, agricultural skills-based competition where teams of men and women battle it out to take home the champion title and a share in the prize money.

When: Thursday 24th June from 7pm

Where: Main arena

Entry fee: \$50

How to enter: Get your team of 4 together, complete the entry form and return to inghamshow@bigpond.com by the **22nd June 2021**

For more info contact: Caitlin 0408544397

You can also find us on Facebook, Instagram or visit the show website at

www.inghamshow.com.au

ENTRY FORM

The team must consist of FOUR (4) members. It can be a male team, female team or mixture of males and females over 18 years of age.

Team Name: _____

Team Captain: _____

Contact Number: _____ **Email:** _____

Name of team members:	DOB	F/M
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I, as team captain, have read and agree to the Rules and Regulations for the Herbert River Show Society's Farmer's Challenge which are attached to the entry form.

Captain Name: _____

Captain Signature: _____ **Date:** _____

HERBERT RIVER SHOW ASSOCIATION
RELEASE & WAIVER OF LIBAILITY FORM

IN CONSIDERATION FOR ME BEING ABLE TO PARTICIPATE IN ALL COMPETITIONS, EVENTS & ACTIVITIES RUN BY THE HERBERT RIVER SHOW PASTORAL & AGRICULTRAL ASSN INC. (HRSA) I HEREBY AGREE THAT:

1. I UNDERSTAND AND ACKNOWLEDGE THAT THE EVENTS THAT I AM COMPETING IN CAN BE A DANGEROUS ACTIVITY AND MAY RESULT IN SERIOUS INJURY, PERMANENT DISABILITY OR DEATH.
2. I UNDERSTAND AND ACKNOWLEDGE THAT I COMPETE AT MY OWN RISK.
3. BY SIGNING THIS DOCUMENT, I UNDERSTAND AND ACKNOWLEDGE THE RULES OF THE 'HRSA' AND AGREE TO BE BOUND BY THE CONSTITUTION, RULES, BY-LAWS, REGULATIONS AND POLICIES OF THE 'HRSA'.
4. BY SIGNING THIS DOCUMENT, I:
 - a. WAIVE ALL OF MY LEGAL RIGHTS OF ACTION AGAINST THE 'HRSA' FROM ANY CLAIM, FOR LOSS, DAMAGE, INJURY, DEATH OR PERMANENT DISABILITY HOWSOEVER ARISING AND INCIDENTAL TO MYSELF ATTENDING AT AND/OR PARTICIPATING IN AN 'HRSA' ORGANISED EVENT. THIS WAIVER INCLUDES BUT IS NOT LIMITED TO LIABILITY FOR ANY NEGLEGENT OR TORTUOUS ACT OR MISSION, BREACH OF DUTY, BREACH OF CONTRACT OR BREACH OF STATUTORY DUTY ON THE PART OF THE 'HRSA' AND
 - b. RELEASE THE 'HRSA' ITS ASSIGNS, ITS OFFICE BEARERS, EMPLOYEES OR AGENTS FROM ALL SUCH CLAIMS.
5. I ACKNOWLEDGE THAT:
 - a. I AM EIGHTEEN (18) YEARS OF AGE
 - b. THAT MY SIGNATURE TO THIS DOCUMENT CONSTITUTES A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIBAILITY OF THE 'HRSA' TO THE EXTENT PERMITTED BY LAW IN THE EVENT OF ME SUFFERING AN INJURY, DEATH OR PERMANENT DISABILITY.

COMPETITORS NAME: _____ SIGNATURE: _____ DATE: _____

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COMPETITORS NAME: _____ SIGNATURE: _____ DATE: _____