AGRICULTURAL SOCIETIES COUNCIL OF NEW SOUTH WALES LIMITED

N 15 15 15	
Name and Date of Event	

HORSE HANDLING PARTICIPANT RISK ACKNOWLEDGEMENT & WAIVER

Name of participant:
Participant Address:
Contact Number of Participant:
Email:
Agricultural Societies Council of New South Wales Limited and

- 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 will not consume any alcohol or illicit drugs while participating in the Event and agree that such use may result in my being excluded from the Event or other events with no entitlement to any refund of money paid for entry to the Suppliers.
- 6 I agree to be bound by the rules and guidelines of the Agricultural Societies Council of New South Wales Limited as varied from time to time.

Name of Horse	Owner of horse	Microchip No. or Reg. No. or Description (sex, colour, brand).	Pic. No.	Last Event & Date
	healthy and I agree tha	horse/s, declare that, to that if found to be otherwise	•	•
ignature		Date		
Where the participa	ent is <u>over</u> 18 years of	fage:		
my heirs, next of kin,	executors and administrator	ver prior to signing it and agree the rs. me to participate in the activity th		·
		and the representations I have ma		
I agree that this waiv South Wales.	er shall be governed in all re	espects by and interpreted in acco	ordance with the la	aws of New
Signature:	Da	ated:		
Where participant is	s <u>under</u> 18 years of a	age (to be completed by a parer	nt or guardian):	
Participant's Date of	Birth			
	, beir y child participating in this ar	ng a parent or legal guardian of th nimal handling event.	e above named p	participant,
		cplained to the participant, this wai s/her) heirs, next of kin, executors		
		the participant to participate in the dged by me and the representation		
I agree that this waiv South Wales.	er shall be governed in all re	espects by and interpreted in acco	ordance with the la	aws of New