



General Waiver

Waiver, Release and Acknowledgement Form

ROMA SHOW SOCIETY

NAME OF EVENT

DATES/DURATION OF EVENT

NAME AND ADDRESS OF PARTICIPANT

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

DATE

FULL NAME
(PLEASE PRINT)

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.



PO BOX 139, Roma Qld 4455

Mobile: 0497 225 698 Email: secretary@romashow.com

Web: www.romashow.com Facebook: www.facebook.com/romashowsociety/

Roma Show Society Inc ABN 49 334 968 854

Updated: 2 November 2022

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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 _____

DATE _____

FULL NAME
(PLEASE PRINT) _____

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.



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