

2019 Hawkesbury District Agricultural Association Show

CATTLE ENTRY FORM

Entries close: as per schedule

Entries fees: as per schedule

Please attach: Health declaration
Registration Paper
Risk Warning/Waiver
Pesti Virus Results & TSS

You can enter via;

- Email to cattle@hawkesburyshow.com.au
- Post to The Secretary, HDAA, PO Box 382, Richmond NSW 2753,
- Deliver to the Showground Office, 40 Racecourse Road, Clarendon between 9.00am & 4.00pm Monday – Friday.
- Online entry at www.globalentriesonline.com.au or see the link on our website www.hawkesburyshowground.com.au – closing Friday 3 May at 5.00pm
- Note all Cheques must be made out to: Hawkesbury District Agricultural Association
Payment can be made by cheque, eftpos, credit card or cash ONLY. No CASH accepted through the mail.

Paper Entries Close: Friday 26th April 2019

| Contact Name | | Arriving Friday YES / NO (circle one) | | | | PIC | |
|---------------------------|---------|---------------------------------------|-------|--------|------|----------------------------------|--------|
| Stud | | Address | | | | Email | |
| Phone | | Post Code | | | | Actual age is at date of judging | |
| Class | Exhibit | DOB | Breed | Tattoo | Sire | Dam | Fee \$ |
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| TOTAL ENTRY FEE \$ | | | | | | | |

I have read and agree to abide by the HDAA Rules and Regulations and the "Risk Warning/Waiver" and attached to this entry form. I declare that the Exhibits entered herein are my own Bona Fide Property. I have read all the regulations and made any Handler/Fitter service under my direction aware of their content, and agree to abide by them

Signed: **Date:**

Please indicate who you wish to be stalled with:

Credit Card _____/_____/_____/_____. EXP _____/_____ CCV _____.

TRANSPORT CARRIER NAME:.....

REGISTRATION NO:

**Agricultural Societies Council of New South Wales
Incorporated Participants & Parental/Guardian Indemnity
and Waiver
RISK WARNING**

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation in events or activities at an agricultural show contains elements of risk, both obvious and inherent, the risks involved may result in property damage and/or personal injury including death.

1. I the signatory acknowledge, agree and understand that participation, including passive participation, in events and activities at this, or any other show contains a risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.
2. I the signatory acknowledge, agree, and understand that the risk warning at the top of this form constitutes a “risk warning” for the purposes of Division 5 of the Civil Liability Act of 2002(NSW).
3. I the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, or any person claiming through me, may have against the Hawkesbury District Agricultural Association in relation to any loss or injury (including death) that is suffered by me as a result of my participation in any event held by the Show.
4. The signatory must continually indemnify the Hawkesbury District Agricultural Association on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss(including consequential loss or loss of profits), damages or expense (including legal costs on a full indemnity basis) that the Hawkesbury District Agricultural Association incurs or suffers, as a direct or indirect result of result of the participants participation in any event held by the Hawkesbury District Agricultural Association.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquiries which I feel are necessary or desirable and fully understand the risks involved with this activity.

Name.....

Address.....

Signature.....Date.....

To be completed by the Parent/Guardian of children under 18 years of age.

5. I understand that by participating in this Show (name of minor) may become exposed to the risk of injury, and I consent to the participation.
6. The signatory acknowledge the risk referred to above and agree to waive any and all rights that I, the above-named minor, or any person claiming through me, may have against the Hawkesbury District Agricultural Association in relation to any loss or injury (including death) that is suffered by me as a result of my participation in any event held by the Show.

1. I, the signatory assent that the above-named minor voluntarily consents to participation in this Show.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquiries which I feel are necessary or desirable and fully understand the risks involved with this activity.

I,.....am the parent/guardian of Date of birth.....

Name.....

Address.....

Signature.....