

BULK CHILDREN PARTICIPANT INDEMNITY & WAIVER

RISK WARNING

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

TO BE SIGNED BY TEACHER OF SUBJECT MINORS

1. I the signatory acknowledge, agree and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury.
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 2002 (NSW).
3. I understand that by participating in this show, these children may become exposed to the risk of injury, and I consent to the participation.
4. I, the signatory assert that ***the named minors as per attached entry form***, voluntarily consent to participation in this Show
5. I, the signatory acknowledge the risk referred to above and agree to waive any and all rights of the named minors, or any other person, may have against the Castle Hill Show Society in relation to any loss or injury (including death) that is suffered by the named minors as a result of participation in this show.
6. The signatory must continually indemnify the Castle Hill Show Society on a full indemnity basis against any claim or proceeding that is made, threatened or commenced, and any liability, loss including consequential loss, and loss of profits, damage or expense (including legal costs on a full indemnity basis that Castle Hill Show Society incurs or suffers, as a direct or indirect result of the above named minor's participation in any event held by the Castle Hill Show Society.

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

I _____

am the Teacher of the ***named minors as per entry form***

School Name: _____

Address: _____

Suburb _____ Postcode _____

School email address: _____

Signature: _____ Date: _____

Office Use: Signed for and behalf of *Castle Hill & Hills District Agricultural Society Inc.*

Name: _____ Signature: _____ Date: _____