



**AYR PASTORAL  
AGRICULTURAL & INDUSTRIAL  
ASSOC INC.**

ABN 55 208 805 128

**ENTRY FORM**

This form is to be filled in and returned to the Secretary by the date specified in the Schedule with Entry Fee. Any number of entries for this Section only can be placed on this Entry Form. **EACH COMPETITOR MUST SIGN ENTRY FORM & INDEMNITY WAIVER ON BACK OF ENTRY FORM.** All care will be taken, however entries are accepted at the owner's risk. The Association, their servants and agents will not be liable for any loss or damage to the exhibits or any property whatsoever and howsoever any such loss or damage be caused.

Please use a **Separate Entry Form and Indemnity Waiver for Each Competitor in Each Section.**

One Competitor per Entry Form

Print information clearly on Form

**SECTION** \_\_\_\_\_

<b>Class No.</b>	<b>Exhibit</b>	<b>Entry Fee</b>

Mr / Mrs / Ms \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

I have read the Conditions of Entry on the Schedule for this Section and agree to the Terms.

Signature of Entrant: \_\_\_\_\_ Date: \_\_\_\_\_



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ASSOC INC.

ABN 55 208 805 128

Corner Craig St & Bruce Highway Ayr - Po Box 1176 Ayr QLD 4807  
M/ 0459 831 790 E/ admin@burdekinshow.com.au  
W/ www.burdekinshow.org.au

## Indemnity Waiver

To Be Signed by Competitors / Participants In 2019 Burdekin Show  
Held at The Ayr Show Grounds - Wednesday 26<sup>th</sup> June 2019

I, \_\_\_\_\_  
[Print Name in Full]

Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

### HEREBY AGREE TO:

1. Indemnify the Ayr Pastoral Agricultural & Industrial Association Inc. against any liability whatsoever for any injury, loss or damage sustained by me and my equipment for the duration of the 2019 Burdekin Show held at the Ayr Show Grounds.
2. Compete or participate in the 2019 Burdekin Show at the Ayr Show Grounds at my own risk entirely.
3. Forfeit any right of any claim, demand or action against the Ayr Pastoral Agricultural & Industrial Assoc Inc. or related bodies arising out of the conduct of the activities at the Ayr Show Grounds.
4. I am in good health and my equipment is in sound condition.
5. Consent to receiving any medical treatment including ambulance transportation that event organizers think desirable as required.
6. I have read the Conditions and fully understand all details of this Form. I am eighteen [18] years of age or over.

\_\_\_\_\_  
[Competitor Signature]

\_\_\_\_\_  
[Date]

As a parent or guardian of the Competitor/Exhibitor who is under the age of eighteen [18] Years, I agree to the above for myself and on behalf of my child. I indemnify and will keep indemnified all people, participants and competitors associated with the conduct of the event on the terms referred to.

\_\_\_\_\_  
[Parent/Guardian's Signature]

\_\_\_\_\_  
[Date]