

**Sunshine Coast Agricultural Show Society Inc (SCASS)**

**NAME OF EVENT: Sunshine Coast Agricultural Show**

**DATES/DURATION OF EVENT: 12th, 13th, 14th June, 2026**



**Horse Event Participant - Waiver, Release and Acknowledgement Form**

In this Waiver, Release and Acknowledgement Form "SCASS" means and includes all affiliated entities; servants or agents of the Sunshine Coast Agricultural Show Society Inc., its employees, its members and all volunteers of SCASS and/or all affiliated Entities.

By participating in the Event:

I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release SCASS from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for any injury, loss or damage arising out of or connected with my participation in the Event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.

I acknowledge that it is a condition of participating in the Event that SCASS and any person or body directly or indirectly associated with the Event are absolved from all liability arising for injury or damage to myself or my property howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of SCASS and any person or body directly or indirectly associated with the Event, or otherwise.

I acknowledge that participating in the Event may involve a risk of serious injury or even death. I accept all risks necessarily flowing from participating in the Event.

I acknowledge that SCASS relies on the information provided by me and state that all such information is accurate and complete.

I warrant that I am physically fit to participate in the Event and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.

I consent to receiving any medical treatment including ambulance transportation that SCASS and any person or body directly associated with the Event think desirable as required during the event.

I acknowledge that it is my responsibility to be wearing a current tagged and compliant helmet.

I acknowledge that it is a condition of participating in the Event that I follow the instructions of SCASS and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified SCASS and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by SCASS and any person or body directly or indirectly associated with the Event.

I declare that the horse/s in my care for the purposes of the Event have been in good health and not shown signs of any respiratory or other disease for at least five (5) days prior to the Event. I authorise any official connected with the Event to call for veterinary inspection of the horse/s in my care should they show signs of any respiratory illness and I agree to pay any fees associated with that veterinary inspection.

I declare that all horse equipment (tack, bridles, buckets and any other articles that have come into contact with equines) and the horse transport vehicle have been cleaned and disinfected before leaving the property of origin to come to this event.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Print name in full: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Optional)

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

**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 of the facilities provided to us, I myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge SCASS 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 that I or the child/children/under age person/s may suffer or sustain

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name in full: \_\_\_\_\_

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

SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.