

2017 BRIDGETOWN AGRICULTURAL SHOW

INDEMNITY

NAME: Bridgetown Agricultural Society (Inc)
ADDRESS: PO Box 17, Bridgetown WA 6255
EVENT: 2017 Bridgetown Agricultural Show

ALL ADULT EXHIBITORS 18 YEARS OF AGE AND OVER

I acknowledge and agree as a condition of participating at the 2017 Bridgetown Agricultural Show that neither the Bridgetown Agricultural Society (Inc), its directors, officers, employees and agents, participants, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, nor owners or lessees of premises used to conduct the show shall be under any liability for either my death or the death of any attendant or any other participant for whom I am responsible or for any injury, loss or damage which may be sustained or incurred by me or any attendant or any other participant for whom I am responsible, as a result of participation in or being present at the show.

By signing hereunder, I confirm that I have read and understood the contents of this Indemnity together with the Exhibit Regulations and By-laws by which I agree to abide.

Name (Print): _____ Signature: _____

Dated this _____ day of _____ 2017

PARENT / GUARDIAN CONSENT for EXHIBITORS, RIDERS, DRIVERS, PASSENGERS, ATTENDANTS and ANY OTHER PARTICIPANTS UNDER 18 YEARS OF AGE

I, (Name of Parent/Guardian) _____, being the parent / guardian of (child's name) _____,

confirm that I have read the whole of this document and have taken all necessary actions to ensure that I am aware of the activity in which the above named will participate at the 2017 Bridgetown Agricultural Show and consent to him/her participating. I acknowledge and agree that neither the Bridgetown Agricultural Society (Inc), its directors, officers, employees and agents, participants, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, nor owners or lessees of premises used to conduct the show shall be under any liability whatsoever for the death of or any injury, loss or damage which may be suffered or incurred by the above named or by any other person for whom I am responsible as a result of participation in or being present at the show.

By signing hereunder, I confirm that I have read and understood the contents of this Indemnity together with the Exhibit Regulations and By-laws by which I agree to abide.

Name (Print): _____ Signature: _____

Dated this _____ day of _____ 2017