



**EVENT PARTICIPANT
WAIVER, RELEASE & ACKNOWLEDGEMENT FORM**

OVER 18 YEARS OF AGE

MURRAY GREY BEEF CATTLE SOCIETY ('the Society')

NAME OF EVENT: 53rd Murray Grey National Show & Sale & Murray Grey Youth Stock Show

DATES/DURATION OF EVENT: 26th, 27th, 28th & 29th April 2019

Event Participant – Waiver, Release and Acknowledgement Form

Murray Grey Beef Cattle Society will hereinafter be referred to as 'the Society'.

In this Waiver, Release and Acknowledgement Form "the Society" means and includes all affiliated entities, servants or agents of the Society, all employees of the Society, all members of the Society and all volunteers of the Society and/or all affiliated entities.

By participating in the Event:

1. I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risk and release the Society 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.
2. I acknowledge that it is a condition of participating in the Event that the Society 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 negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event or otherwise.
3. 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.
4. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
5. 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.
6. I consent to receiving any medical treatment including ambulance transportation that the Society and any person or body directly associated with the Event think desirable as required during the Event.
7. I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Society 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 the Society and any person or body directly or indirectly associated with the Event.

Signature:

Print Name in Full:

Address:

Phone Number: **Date:**