

MOUNT ISA SHOW SOCIETY - 2023 MOUNT ISA SHOW
HORSE HANDLING / PARTICIPANT RISK ACKNOWLEDGMENT & WAIVER

Name of participant:

Contact Number of Participant:

The Mount Isa Show Society advise that participation (including passive participation) in animal handling at an agricultural show contains elements of risk, both obvious and inherent. The handling of animals is a dangerous recreational activity as animals can act in a sudden and unpredictable way, especially when frightened or hurt.

By signing this waiver, I acknowledged that:

1.1 participation in animal handling is a recreational service for the purposes of section 139A of the **Australian Competition and Consumer Act 2010**, and also a recreational activity for the purposes of section 5K of the **Civil Liability Act 2002**;

1.2 participation in animal handling is a hazardous activity and may result in injury, loss, damage or death to me;

1.3 participation in animal handling requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the events;

1.4 animals can act in a sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises; animal showing events will be held in close proximity to rides and large groups of people, and that there may be loud and unfamiliar noises which can frighten animals;

1.6 if the event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind; insects or other animals may cause animals to become frightened and act in an unpredictable way;

1.8 there is inherent in events involving the handling of animals the risk of suffering injury including injuries caused by animals; and

1.9 I use the facilities of Mount Isa Show Grounds entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me.

2 If I suffer injury, loss or damage (**Loss**) while participating in an animal handling event, I will not hold the Show Society, Mount Isa Shire Council, their employees or agents legally responsible for any Loss I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in.

3 I acknowledge and agree that my participation in the event and associated activities is dangerous and may have inherent risks as a result of which personal injury (and sometimes death) may occur. I acknowledge that the event and associated activities carry with them a significant risk of physical harm. I accept and assume all such risks of personal injury or death in anyway whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I or my representatives may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with these activities.

4 At the time of participating in the event, I have not been to any degree under the influence of alcohol or illicit drugs.

5 I will not consume any alcohol or illicit drugs while participating in the Event and agree that such use may result in me being excluded from the Event or other events with no entitlement to any refund of money paid for entry to the Hughenden Show Society.

6 I agree to be bound by the rules and guidelines of the Mount Isa Show Society as varied from time to time.

Name of Horse Owner

.....

I, the owner/rider/exhibitor of the above horse/s declare to the best of my knowledge that they are fit and healthy or they will not be allowed to compete at this event.

Signature

Date

Where the participant is over 18 years of age:

I agree that I have read and understood this waiver prior to signing it and agree that this waiver will be binding on my heirs, next of kin, executors and administrators.

I acknowledge that the Suppliers have permitted me to participate in the activity the subject of this document in reliance upon the matters acknowledged by me and the representations I have made herein.

I agree that this waiver shall be governed in all respects by and interpreted in accordance with the laws of Queensland

Signature:

Date:

Where participant is under 18 years of age (to be completed by a parent or guardian):

I, being a parent or legal guardian of the above-named participant hereby consent to my child participating in the following animal handling event

I confirm that I have read and understood and explained to the participant, this waiver prior to signing it and agree that this agreement will be binding on my (and their) heirs, next of kin, executors, and administrators.

I acknowledge that the Suppliers have permitted me to participate in the activity the subject of this document in reliance upon the matters acknowledged by me and my real guardian and the representations that I have made together with my legal guardian herein.

I agree that this waiver shall be governed in all respects by and interpreted in accordance with the laws of Queensland.

Signature:

Date:

MOUNT ISA SHOW 2022 HORSE HEALTH DECLARATION FORM

Must be submitted to Ring Stewards on entry Showgrounds

EVENT NAME: Mount Isa Agricultural Show – Horse Section **DATE:** 17 and 18 June 2022

OWNER OF HORSE/S

Full name: _____
Address: _____
Suburb: _____ Post Code: _____
Email: _____ Phone: _____

PERSONS IN CHARGE OF HORSE/S ONSITE

Full name: _____
Address: _____
Suburb: _____ Post Code: _____
Email: _____ Phone: _____

PROPERTY OF ORIGIN OF HORSES

Address: _____
Suburb: _____ Post Code: _____
PIC Number: _____ (Property Identification Number)
Waybill/Movement Document Number: _____
Date of Arrival at Event: _____ Time of Arrival: _____
Date of Departure: _____ Time of Departure: _____

PROPERTY HORSE/S RETURNING TO FROM EVENT (if different to above)

Address: _____
Suburb: _____ Post Code: _____
PIC Number: _____ (Property Identification Number)
Waybill/Movement Document Number: _____

| HORSE DESCRIPTION | | | | | |
|-------------------|---------------------|---------------------|-------------|--|---|
| DESCRIPTION/SEX | MICROCHIP/ BRAND | REGISTERED NAME | STABLE NAME | Is Hendra Vaccination Current? (Y/N) | PIC of Origin (if different to above) |
| eg Pinto Gelding | 9390000005624631 | B & W Face Value II | Oreo | Yes/No | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

YOUR HORSE MUST BE HEALTHY TO BE AT EVENT

Healthy horses at rest have:

- temperature of 36.5–38.5°C
- clear eyes, a normal stance, no nasal discharge
- hydration (pinch test) time of 1-2 seconds.

DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE/S

I declare that the aforementioned horse/s named has/have been in good health, eating normally and not showing signs of illness during the 3 days leading up to attendance at this event. I give my authorisation for the designated QSEC or Event Organising Committee Representative to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

1. I will not bring a sick horse to QSEC.
2. In the event that my horse does become sick whilst at QSEC or that I call a Vet for any purpose to visit my horse whilst at QSEC, I will advise QSEC staff immediately
3. I wash my hands regularly and observe good biosecurity practices whilst at QSEC
4. If required, before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
5. All vehicles/equipment accompanying the horses will be in a clean condition at the commencement of travel to QSEC.
6. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
7. I agree to abide by all conditions and directions of QSEC or the event organiser.
8. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification or other disciplinary action as decided by QSEC or the event organisers.
9. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises may be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
10. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.
11. I agree and acknowledge that the Venue (QSEC) are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the Venue and/or Event.

SIGNED

FULL NAME

____/____/____
DATE