



**WAIVER FORM**  
**Agricultural Societies Council of South Australia Incorporated**  
**HORSE SPORTS PARTICIPANTS INDEMNITY & WAIVER**

The Agricultural Societies Council of South Australia Inc. Advises that the participation, including passive participation, in horse sports activities at an agricultural show contains elements of risk, both obvious and inherent. Horse sports are a dangerous recreational activity and horses can act in sudden and unpredictable ways, especially if frightened or hurt. The risks involved may result in property damage and/or personal injury including death.

1. I, the undersigned acknowledge, agree and understand that participation, including passive participation, in horse sport activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.
2. I, undersigned acknowledge, agree, and understand the dangers associated with the consumption of alcohol or any mind altering drugs before, and during the activities and take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sport activities.
3. I, the undersigned acknowledge the risk referred to above and agree to waive any and all rights that I or any other person claiming through me, may have against THE LOXTON AGRICULTURAL AND HORTICULTURAL SHOW in relation to any loss or injury (including death) that is suffered by me as a result of my participation at this show.
4. I, the undersigned agree to continually indemnify the LOXTON AGRICULTURAL AND HORTICULTURAL SHOW on a full indemnity basis against any claim or proceeding that is made/threatened or commenced and any liability, loss (including consequential loss and loss of profits) damages or expense (including legal cost on a full indemnity basis ) that the LOXTON AGRICULTURAL AND HORTICULTURAL SHOW incurs or suffers, as a direct or indirect result of my participation in any event held by the LOXTON AGRICULTURAL AND HORTICULTURAL SHOW.

I have read this indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquiries which I feel are necessary or desirable and fully understand the risks involved in this activity.

NAME/I \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*IF UNDER 18 YEARS OF AGE A PARENT/GUARIDAN TO SIGN\*\*

Signed for and on behalf of **LOXTON AGRICULTURAL AND HORTICULTURAL SHOW**

NAME: \_\_\_\_\_

SIGNED:

DATE: