

Biosecurity Horse Health Declaration

Event Name: _____ Date: _____

Owner of person in charge of horse/s

Full Name			
Full Address (residential)			Postcode
Phone		Mobile	
Email			

Property of origin of horse/s

Full Address			Postcode
QDPI PIC Number		Waybill/ Movement Document No.	

Horse Registered Name	Colour	Sex	Breed	Brand/s	Mircochip No.

Continue on additional page if travelling more than 5 horses.

Declaration by owner or person in charge of horse/s attending

I, declare that the horse/s named above has / have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager 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 for the above mentioned horses as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

- 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.
- All vehicles and equipment accompanying the horses will be cleaned to remove all solid material that could contain disease agents, and then disinfected.

I FURTHER DECLARE THAT:

- The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
- I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
- I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.
- I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
- 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 will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Manager/Event Organising Committee, it's State or National Affiliated bodies and their members 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 Event.

.....
Signature Name Date

NAME OF EVENT: _____

DATES/DURATION OF EVENT: _____

Event Participant - Waiver, Release and Acknowledgement Form

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 risks 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 any 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: _____

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 the Show Society 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.