

WOODFORD AGRICULTURAL, PASTORAL & INDUSTRIAL ASSOC. INC.

GENERAL ENTRY FORM

For particulars of entry Fee's and closing dates see schedule - All entry forms and fees must be in the hands of chief steward by dates in schedule

EACH SECTION ENTERED REQUIRES A SEPARATE ENTRY FORM

EXTRA ENTRY FORMS – DOWNLOAD AT www.woodfordshow.com

All exhibitors pay admission to the grounds unless a member.

DIRECT DEPOSITS DETAILS: Woodford A, & I ASSOC. INC. BSB:014740 ACCOUNT 380331927 SURNAME/SECTION NUMBER AS REFERENCE

Table with 5 columns: SECTION, CLASS, NO. OF ENTRIES, PARTICULARS OF EXHIBIT, ENTRY FEE. Includes a TOTAL row at the bottom right.

NAME: PHONE:

ADDRESS:

EMAIL: Age (Junior/Teen events)

Subject to the Rules and By-Laws of the Association and of the QLD Chamber of Agricultural Societies I make the following entry into your forthcoming show. In this Waiver, Release & Acknowledgement Form "The Society" means and includes: (a) All affiliated entities; (b) Servants or agents of the Woodford A, P & I Assoc. Inc. and/or all affiliated entities; (c) Employees of the Woodford A, P & I Assoc. Inc. and/or all affiliated entities; (d) Members of the Woodford A, P & I Assoc. Inc. and/or all affiliated entities; (e) Volunteers of the Woodford A, P & I Assoc. Inc. and/or all affiliated entities;

By participating in the Woodford Show. I acknowledge that it is a condition of participating on these grounds that I do so at my own risk I accept all risks and release the Woodford A, P & I Assoc. Inc. and any person or body directly or indirectly associated with the Event.

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 DOCUMENT 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. I HEREBY CERTIFY THAT THE ABOVE EXHIBITS ARE OWNED BY ME AND THAT ALL ENTRIES ARE DISEASE FREE

Upon Delivery of exhibits answer these questions. If under 18 years parent/guardian to sign.

In the previous 14 Days, have you? Please Circle

- Had Covid Symptoms? Yes No
Been in contact with anyone with confirmed /suspected COVID-19 Cases? Yes No
Travelled internationally or from a hotspot? Yes No

Signature: DATE: (If under 18 parent/guardian to sign)