



Queensland Agricultural Shows
Biosecurity Horse Health Declaration

Woodford A, P & I ASSOC. INC. | 38 NEURUM ROAD, WOODFORD 4514 | PIC#QICB0711

OWNER OR PERSON IN CHARGE OF HORSE/S					
FULL NAME:					
HOME ADDRESS:					
EMAIL:					
PHONE:			MOBILE:		
PROPERTY OF ORIGIN OF HORSE/S					
FULL ADDRESS: (if different to above)					
PIC NUMBER: (Property Identification Code)		_ _ _ _ _			
DETAILS OF ALL HORSES BEING BROUGHT ONTO THE GROUNDS (USE ADDITIONAL SHEET AS REQUIRED)					
	REGISTERED NAME	DESCRIPTION / SEX	MICROCHIP/BRAND	PIC OF ORIGIN IF DIFFERENT FROM ABOVE	CURRENT HVV Yes/No
1					
2					
3					
4					
5					

Are horses being yarded overnight at this event? YES/NO – please circle THURS / FRIDAY / SATURDAY

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 abovementioned 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/Farm.

Signature

Print Name

Date

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:

- (1) 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, from all claims demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for all injury, loss or damage to myself or my property 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 however arising for injury or damage to myself or my property howsoever caused arising out of participation in such activities 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 such activities or otherwise.
- (3) I acknowledge that any person participating in the Event is only allowed to do so on the distinct understanding that they do so at their own risk.
- (4) I acknowledge that participating in the event may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in such activities.
- (5) I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
- (6) I acknowledge the difficulties of participating in the Event and 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.
- (7) I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person 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.
- (8) I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event, against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event 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 such activities, or otherwise.

CLASS NO.	ENTRY FEE	CLASS NO.	ENTRY FEE	CLASS NO.	ENTRY FEE	CLASS NO.	ENTRY FEE
TOTAL ENTRY FEES				\$			

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

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