



**17TH - 19TH
JULY 2024**

**BENDIGO BANK PRESENTS
WOODCHOP – SECTION 14**

PLEASE FORWARD YOUR ENTRY TO:

Cairns Show Association
PO Box 811, Bungalow, QLD 4870

PH: (07) 4042 6630

E: competitions@cairns-show.com

W: www.cairnsshow.com.au

STATEMENT BY COMPETITOR

It is a condition of entry to Cairns Show Association that all exhibitors must complete a declaration of their taxation status. Tick the appropriate box and record ABN where applicable.

Are you undertaking this activity as a hobby? Yes: No:

Is this activity part of a business enterprise? Yes: No:

If Yes, do you have an ABN Yes: No:

If Yes, what is your ABN? _ _ _ _ _

I agree that the CSA may issue Recipient Created Tax Invoices in respect to Prize Money. I will notify the CSA if I cease to be registered for GST.

I _____ agree to abide by the Rules and Regulations set down by the Qld Department of Occupation and Safety and the Cairns Agricultural Pastoral & Mining Association.

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.
8. As a condition of my entry into the abovementioned competition, I hereby acknowledge that I compete at my own risk and that I am aware that the activities for which I have nominated on the form, can be hazardous I declare that both my equipment and myself are in sound condition and undertake this competition with knowledge of the physical demands that this competition requires.

Signature: _____ **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 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 certify that I am 18 years or older and I have read this document and fully understand it.