



TO COMPLETE YOUR ENTRY ONLINE VISIT www.CairnsShow.com.au

PLEASE FORWARD YOUR ENTRY TO:

Cairns Show Association, PO Box 811, Bungalow QLD 4870 TEL: 07 4042 6630

Email: competitions@cairns-show.com

POLE CLIMBING ENTRY FORM 2024

ENTRY FEE: \$20 PER PERSON ONE FORM PER PERSON

Entries Close 9th July 2024 at 4.00pm

OFFICE USE ONLY	SECTION	DIVISION	DESCRIPTION 1 ENTRY PER LINE ONLY PLEASE

PLEASE SIGN THE FOLLOWING CAIRNS SHOW ASSOCIATION INDEMNITY FORM

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.

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 & that the Cairns Agricultural Pastoral & Mining Association accepts no responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of the activities of the competition whether such injury is a consequence of any act or omission by the Cairns Agricultural Pastoral & Mining Association and/or their servants, agents representatives, or volunteers. On the basis of these conditions, I hereby indemnify them against all liability (including liability for their negligence, my negligence & the negligence of others) for all injury, loss or damage (including property damage) arising out of or in connection with my participation in this event to the fullest extent permitted by law but only to the extent that they are not already indemnified or insured.

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. I consent to receiving any medical treatment, including ambulance transportation that the event organisers think desirable during or after the event. I acknowledge that the safety precautions undertaken by the event organisers (such as inspections and pre-event safety briefings), are a service to me and other competitors but are not a guarantee of safety.

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

Signature of COMPETITOR _____ DATE _____

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.

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.

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 _____

CAIRNS SHOW



Entry forms can be found online at: www.CairnsShow.com.au

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TEL: (07) 4042 6630 | FAX: (07) 4031 3671

Email: competitions@cairns-show.com

NAME:

EMPLOYER:

POSTAL ADDRESS:

POST CODE:

PHONE:

DOB: (under 18 only)

EMAIL:

SIGNATURE:

DATE: