Entry forms can be found online at: www.CairnsShow.com.au
PLEASE FORWARD YOUR ENTRY TO:
Cairns Show Association
P.O. Box 811, Bungalow QLD 4870
TEL: (07) 4042 6630 | FAX: (07) 4031 3671
Email: competitions@cairns-show.com

CAIRNS SHOW ASSOCIATION EQUESTRIAN ENTRY FORM

Post Entries – One Entry Form per person only

SECTION 1

OFFICE USE ONLY	CLASS NO	NAME OF HORSE	COLOUR/ SEX BRAND	RIDER	OWNER	ENTRY FEE
					TOTAL $	

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 _ _ _ _ _ _ _ _ _ _ _

PLEASE PRINT CLEARLY

Mr Mrs Miss Ms *(Please circle)*	**SURNAME:**		
FIRST NAME:		**DOB: / /** *(If under 18)*	
POSTAL ADDRESS:			
SUBURB:		**POST CODE:**	
PHONE:		**MOBILE:**	
EMAIL:			

PRIVACY STATEMENT

The information provided by you in any application for membership or application to enter is used by the Cairns Show Association (CSA) to offer member services or to organise and conduct competitions at the Cairns Show. By applying for membership or entering our competitions you consent to provide such details as your name, address and exhibit details. Competition information may be made available to the media and included in CSA publications. Your information will not be disclosed without your consent for any other purpose unless required by the law.

Please accept my above entries subject to the General Conditions of Entry & Competition and Conditions of Entry of your Association. I agree to indemnify the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION against liability for any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION whose decision in all matters is final.

Signature: ______________________ **Date:** ________________

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CAIRNS SHOW WAIVER, ACKNLOWEDGEMENT AND RELEASE FORM

Name of the Events: Equestrian
Dates/ Duration of the events: 15th, 16th, 17th July 2026
In this Waver, Release and Acknowledgement form "The Cairns Show Association" includes
a) All affiliated entities.
b) Employees of the Cairns Show Association
c) Members of the Cairns Show Association
d) Volunteers of the Cairns Show Association

I _____ of _____

Phone _____ Email _____

Hereby Agree to:

1. Indemnify the Cairns Show Association against any liability whatsoever for any injury loss or damage sustained by me, my horse or my equipment at the Cairns Show.
2. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns
3. Compete and exhibit at the Cairns Show at my own risk entirely.
4. Forfeit any right to any claim, demand or action against Cairns Show Association or related bodies arising out of the conduct of the Cairns Show.
5. Declare that I am physically fit to participate in the events and have not been advised otherwise by a qualified medical practitioner
6. Declare that the horse/s in my care for the purpose of the Event have been in good health and not shown signs of any respiratory or other disease for at least five (5) days prior to the event. I authorise any official connected with the Event to call for veterinary inspection of the horse/s in my care should they show signs of any respiratory illness, and I agree to pay any fees associated with that veterinary inspection.
7. I declare that all horse equipment (tack, bridles, buckets, and any other articles that have come into contact with equines) and the horse transport vehicle have been cleaned and disinfected before leaving the property of origin to come to this event.
8. Acknowledge that by participating in the events it may involve a real risk of serious injury or even death from varies causes. I accept all risks necessarily flowing from participating in the events.
9. Consent to receiving any medical treatment including ambulance transportation that event organisers think desirable as required during the Cairns Show.
10. State that the information provided by me is accurate and complete
11. As a condition of my entry into the above mentioned competition, I hereby acknowledge that I compete at my own risk and that I am aware that activities involving animals can be hazardous and 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 again all liability (including liability for their negligence, my negligence and 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 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 confirm that I am 18 years of age or over.

Signature:_____ **Date:** _____

Print name in full:_____

DECLARATION OF MINORS – UNDER 18 YEARS OF AGE

If you are under the age of 18 years on the Event Day, your parents or guardian must sign this declaration.

I certify that I am the parent or guardian of the Competitor/Exhibitor 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 agree to the above for myself and on behalf of my child I indemnify and keep indemnified all people and corporations associated with the conduct of the events on the terms referred to.

Signature of parent/guardian: _____

Print name in full: _____ **Date**: _____

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.

ENTRY FEES

Card Number: | | | | | | | | | | | | | | | | | **CCV #:** | | |

Expiry Date: | | | | **Amount Paid:** _____ **Method of Payment**: Visa ☐ MasterCard ☐

Signature: _____ **Date:** _____