<u>Deloraine Agricultural and Pastoral Society</u> <u>ENTRY FORM – Sheep</u>

Entry Fee \$7 per class (inc GST)

Address: Post 0				
Telephone:		Mobile:		
Email Addre	ess:			
Class No.	Breed	Name of Exhibitor	Entry Fee	
			\$	
			_	
		Class Total Plus membership (Optional) \$25	•	
		Total Payable		
PLEASE indicat	e the MINIMUM numbe	er of pens you will require, to help with pen allocation		
I/We declare	the sheep entered	are:		
OVINE BRUC	ELLOSIS ACCREI	DITED – Accreditation Number	-	
OVINE JOHN	ES DISEASE ACC	REDTED: YES/NO Accreditation Number _		
APPROVED \	VACCINANT: YES	/NO		
Free of footro	ot and external par	rasites		
SIGNED				
All entries i		the Sheep Market Assurance Program (SheepMAP) accinates for Ovine Johnes Disease	or be approved	
National He	ealth Statement ar	nd disclaimer statement must be completed	d and returne	
		with entry form		
NLIS PIC Nur	mber:			
Return to: (by	Friday 2 nd November	2018)		
P.O. Box 282,	Sheep Section: Deloraine Tas. 7304	oraine Show nvelope and 1 exhibitors pass will be sent.		

PLEASE SIGN WAIVER ON REVERSE SIDE OF ENTRY FORM

DISCLAIMER STATEMENT

INDEMNITY AND WAIVER TO BE SIGNED BY COMPETITOR / EXHIBITOR / HANDLER AT THE DELORAINE SHOW

This form is to be signed by all competitors/exhibitors in events involving animals or where there is considered to be an element of risk.

See separate form below for persons under 18 years of age.

Ι,	
Print Name	
of	
Agree to compete/exhibit at the Deloraine Show in Tasmania at	my own risk:
Agree not to make any claim against any Agricultural Show S	
sustained at any Agricultural Show;	ociety in rasmania for any injury or loss
Agree to compete/exhibit at my own risk and to indemnify and	d keen indemnified any Agricultural Show
Society, together with any other organisation or person involve	
claims, suits, actions or demands which may be brought in res	
by me in the course of competing/exhibiting at the show and	
management of the Show Society together with any other	
conduct of any agricultural show from all loss or injury to m	
otherwise.	
Signature	Date
Witness	
INDEMNITY AND WAIVER TO BE SIGNED BY THE PAREI	
AND EXHIBITORS UNDER THE AGE OF 18 YEARS OF	
This form is to be signed by the parent/guardian of all competi	
in events involving animals or where there is consid	ered to be an element of risk.
I,	<i>!!</i>
of	ian
Print Address	
am the parent/guardian of	
Print Name or Names	
I agree that ne/sne/they have my permission to compete/exhibit	t at the Deloraine Show subject to the
following terms and conditions:-	
Agree that he/she/they will compete/exhibit at any Agricultura	I Show in Tasmania at his/her/their own
risk.	
Agree not to make any claim against any Agricultural Show So	ciety for any injury or loss sustained at
any Agricultural Show.	
Agree that he/she/they will compete/exhibit at his/her/their ov	
indemnified any Agricultural Show Society together with any o	
the conduct of any show against all claims, suits, actions or de	
of any injury or other loss sustained by him/her/them in the co	
and agree to exonerate the committee of management of the	
person involved in the conduct of any agricultural show from a	ill responsibility and from all loss or injury
to him/her/them due to alleged negligence or otherwise.	
Signature of parent or quardian	Dato
Signature of parent or guardian	Date
Witness	