

# **Deloraine Agricultural and Pastoral Society** **ENTRY FORM – Sheep**

**Entry Fee \$8 per class (inc GST)**

**Name of Exhibitor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Class No.	Breed	Name of Exhibitor	Entry Fee \$8 per class
			\$
<b>Class Total</b>			\$
<b>Plus membership ( Optional) \$25</b>			
<b>Total Payable</b>			\$

PLEASE indicate the MINIMUM number of pens you will require, to help with pen allocation: \_\_\_\_\_

**I/We declare the sheep entered are:**

**OVINE BRUCELLOSIS ACCREDITED** – Accreditation Number \_\_\_\_\_

**OVINE JOHNES DISEASE ACCREDITED:** YES/ NO Accreditation Number \_\_\_\_\_

**APPROVED VACCINANT:** YES/NO

**Free of footrot and external parasites**

**SIGNED** \_\_\_\_\_

*All entries must be from flocks in the Sheep Market Assurance Program (SheepMAP) or be approved vaccinates for Ovine Johnes Disease*

**National Health Statement and disclaimer statement must be completed and returned with entry form**

**NLIS PIC Number:** \_\_\_\_\_

**Return to:** (by Monday 1<sup>st</sup> November 2021)

Carmen Cresswell,  
Chief Steward Sheep Section: Deloraine Show  
P.O. Box 282, Deloraine Tas. 7304

**WITH** a stamped self addressed envelope 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.

I, \_\_\_\_\_  
*Print Name*

of \_\_\_\_\_  
*Print Address*

Agree to compete/exhibit at the Deloraine Show in Tasmania at my own risk;

Agree not to make any claim against any Agricultural Show Society in Tasmania for any injury or loss sustained at any Agricultural Show;

Agree to compete/exhibit at my own risk and to indemnify and keep indemnified any Agricultural Show Society, together with any other organisation or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the show and agree to exonerate the committee of the management of the Show Society together with any other organisations or person involved in the conduct of any agricultural show from all loss or injury to me whether due to alleged negligence or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

**INDEMNITY AND WAIVER TO BE SIGNED BY THE PARENT OR GUARDIAN OF COMPETITORS AND  
EXHIBITORS UNDER THE AGE OF 18 YEARS OF AGE AT THE DELORAINE SHOW**

This form is to be signed by the parent/guardian of all competitors/exhibitors under the age of 18 years in events involving animals or where there is considered to be an element of risk.

I, \_\_\_\_\_  
*Print name of Parent or Guardian*

of \_\_\_\_\_  
*Print Address*

am the parent/guardian of \_\_\_\_\_  
*Print Name or Names*

I agree that he/she/they have my permission to compete/exhibit at the Deloraine Show subject to the following terms and conditions:-

Agree that he/she/they will compete/exhibit at any Agricultural Show in Tasmania at his/her/their own risk.

Agree not to make any claim against any Agricultural Show Society for any injury or loss sustained at any Agricultural Show.

Agree that he/she/they will compete/exhibit at his/her/their own risk and to indemnify and keep indemnified any Agricultural Show Society together with any other organisation or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by him/her/them in the course of competing/exhibiting at the show and agree to exonerate the committee of management of the show society together with any other person involved in the conduct of any agricultural show from all responsibility and from all loss or injury to him/her/them due to alleged negligence or otherwise.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_