

Poultry  
Form  
2017

Name of Exhibitor: ..... Tel No.: .....

Address: ..... Town: .....

State: ..... P/Code: ..... Email: .....

Office Use	Section	Class	Description	Fee

All entries to: **A. Flemming**  
415 Hogan's Road  
**UPPER LANSDOWNE 2430**

**Total Carried Forward: \$**

Please support the businesses that have supported the

# **Manning River A. & H. Society Inc.**

## **TAREE SHOW**

**The Taree Show cannot run without the help of volunteers giving their time to help. If you are interested in being a steward or helper in some area, please complete the form and return it to the Show Secretary, by the 4th October, 2017.**

**Name:** .....

**Address:** .....

**Tel No:** .....

**Email:** .....

**I am interested in helping in the following areas:**  
*(Please circle appropriate area)*

- Horse Ring Events*                      *Rural Youth*
- Beef cattle*                                *Agriculture*
- Dairy Cattle*                              *Horticulture*
- Sheep*                                       *Show Girl*
- Goats*                                       *Crafts*
- Poultry*                                     *Other*

**If other please specify:** .....

*Please return to P.O. Box 203, Taree, NSW 2430 by 4th October, 2017.*

**Manning River A & H Society PO Box 203 Taree NSW 2430**

Poultry Section

**Entries Close 4th October, 2017**

To A & D Flemming,  
415 Hogan's Rd Upper Lansdowne 2430

Name Of Exhibitor \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel no. \_\_\_\_\_ Email \_\_\_\_\_

I / we enclose Cheque / Money Order / Other \$ \_\_\_\_\_

Signed \_\_\_\_\_

Exhibitors - N.B.: above Entries are made in accordance with current schedule of prizes and subject to the by laws of the society as published in such schedule and I agree to be bound generally thereby. I certify that I am the bona fide owner - producer or manufacturer of all the exhibits set out above.

Entry fees may be paid using any of the following methods

Cash or cheque made payable to MR A & H Society Inc. or  
Direct Deposit BSB 082856 A/C 035508728 please state exhibitors "Name"

Office Use	Section	Class	Description	Fee
			Cfwd	

I/We enclose Cheque / Money Order /Other \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Exhibitors - N.B.: Above entries are made in accordance with current Schedule of Prizes & subject to the by-laws of the Society, as published in such schedule and I agree to be bound generally thereby. I certify that I am the bona fide owner-producer or manufacturer of all the exhibits set out above.

**Manning River A. & H. Society Taree Inc.**  
Taree Showground  
P.O Box 203, Taree N.S.W 2430  
Phone: (02) 6551 3245  
ABN NO.: 514 427 799 12  
E-mail: admin@tareeshow.org

**President: Milton Johnston**

**Agricultural Societies Council of New South Wales Incorporated**  
**Participants Indemnity and Waiver**

**RISK WARNING**

The Agricultural Societies Council of New South Wales advises that the participation, including passive participation, in events or activities at an agricultural show contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death.

1. I, the signatory, acknowledge, agree and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury and I agree that I undertake any such risk voluntarily of my own free will and at my own risk.
2. I, the signatory, acknowledge, agree and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.
3. I, the signatory, acknowledge the risk referred to above and agree to waive any and all rights that I, or any other person claiming through me, may have against the Manning River A. & H. Society Taree Inc. in relation to any loss or injury (including death) that is suffered by me as a result of the undersigned's participation in any event held by the Manning River A. & H. Society Taree Inc.
4. The signatory must continually indemnify the Manning River A. & H. Society Taree Inc. on a full indemnity basis against any claim or proceeding that is made, threatened or commenced and any liability, loss (including consequential loss and loss of profits), damages or expense (including legal costs on a full indemnity basis) that the Manning River A. & H. Society Taree Inc. incurs or suffers, as a direct or indirect result of the participant's participation in any event held by the Manning River A. & H. Society Taree Inc.

I have read this Indemnity and Waiver form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

Name: .....

Address: .....

**Indemnity Valid** From: ...../...../..... To: ...../...../.....

Signature: ..... Date: .....

Email: .....

**Manning River A. & H. Society Taree Inc.**  
Taree Showground  
P.O Box 203, Taree N.S.W 2430  
Phone(02) 6551 3245 Fax: 65523787  
ABN NO.: 514 427 799 12  
E-mail: admin@tareeshow.org

**President: Milton Johnston**

**Agricultural Societies Council of New South Wales Incorporated**

**Participants - Parental Indemnity and Waiver Form**

**To be signed for all children under 18 years**

**RISK WARNING**

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1. I, the signatory, acknowledge, agree, and understand that participation, including passive participation, in events and activities at this, or at any show contains an element of risk of injury.
2. I, the signatory, acknowledge, agree, and understand that the risk warning at the top of this form constitutes a 'risk warning' for the purposes of Division 5 of the *Civil Liability Act 2002 (NSW)*.
3. I understand that by participating in this show, the subject minor may become exposed to the risk of injury, and I consent to the participation.
4. I, the signatory, assert that the above-named minor voluntarily consents to participation in this show.
5. I, the signatory, acknowledge the risk referred to above and agree to waive any and all rights that I, the above-named minor, or any other person, may have against the Manning River A. & H. Society Taree Inc. in relation to any loss or injury (including death) that is suffered by the subject minor as a result of participation in this show.
6. The signatory must continually indemnify the Manning River A. & H. Society Taree Inc. on a full indemnity basis against any claim or proceeding that is made, threatened or commenced, and any liability, loss, including consequential loss, and loss of profits, damage or expense (including legal costs on a full indemnity basis) that the Manning River A. & H. Society Taree Inc. incurs or suffers, as a direct or indirect result of the subject minor's participation in any event held by Manning River A. & H. Society Taree Inc.

I have read this form and acknowledge and agree with its contents. I have made any further enquires which I feel are necessary or desirable and fully understand the risks involved in this activity.

I, ..... of .....

..... am the parent/guardian of: ..... Date of Birth: .....

Name: .....

Address: .....

**Indemnity Valid** From: ..... To: .....

Signature: ..... Date: .....

Email: .....