**Pittsworth Show Society Inc**

***GOAT ENTRY FORM***

Entry fee **MUST** accompany this form

Delivery to the Secretary Office at the Showgrounds or

Forward to P.O. Box 6 Pittsworth Q. 4356 or

Email entry form to pittsworthshowsecretary@gmail.com

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section** | **Class** | **Name of Animal** | **Book # or Tatoo** | **DOB** | **Entry Fee** |
| **7** |  |  |  |  |  |
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|  |  | TOTAL FEES |  |  |  |

* **$3 Entry per Class**

Name of Exhibitor…….…………………………………………………………..

Address……………………………………………………………………………

Date…………………………………….Signed…………………………………

**Direct Deposit – Heritage Bank: Pittsworth Show Society Inc**

**BSB – 638-070 – A/C No. 126 563 34 Ref: Your Name/Section**

**Adult Participants Indemnity and Waiver**

I……………………………………………………………………………………

Of…………………………………………………………………………………

**Hereby Agree to:**

1. Indemnify Pittsworth Show Society Inc. against any liability whatsoever for any injury loss or damage sustained by me, my Sheep or my equipment at the Pittsworth Show.
2. Complete and exhibit at the Pittsworth Show at my own risk entirely.
3. Forfeit any right to any claim, demand or action against Pittsworth Show Society Inc. or related bodies arising out of the conduct of the Pittsworth Show.
4. Declare my Sheep and equipment are in sound condition.
5. Consent to receiving any medical treatment including ambulance transport that event organisers think desirable as required during the Pittsworth Show.
6. I have read the contents and fully understand all details of this form. I am 18 years of age or over.

Name……………………………………………………Signature………….…………………………………

Date………………………………………. Phone No……………………………………………………………

**Competitor/Exhibitor Under 18 years Indemnity and Waiver**

As a parent or guardian of the Competitor/Exhibitor who is under the age of 18 years, I agree to the above for myself and on behalf of the competitor in my car. I indemnify and keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.

Name……………………………………Phone No………………….……………

Relationship to Exhibitor………………………………………………………

Signature……………………………………………. Date……………………..