



DRESSAGE NOMINATION FORM

Name: _____ Guardian (if under 18) _____

Address: _____

Phone: _____ Email: _____

FEEs MUST ACCOMPANY ENTRY FORM UNLESS STATED OTHERWISE.

ENTRY FORMS WILL NOT BE PROCESSED UNTIL AFTER FEES ARE RECEIVED.

ALL RIDERS MUST SUBMIT A SIGNED WAIVER & HORSE HEALTH DECLARATION FORM

CLASS NUMBER	NAME OF HORSE	ENTRY FEE
TOTAL :		

Signature (or Guardian if under 18) _____ Date: / /

Towers Pastoral Agricultural & Mining Association Inc. (TPAMA In)

ABN 71 614 128 827

PO Box 141 Charters Towers Qld 4820

(P) 07 4787 7292 (M) 0438 759 152 Email: mail@ctshow.com.au

TPAMA Office – under the Showgrounds Grandstand, Mary Street, Charters Towers is open 9am to 4.30pm

From 2nd July 2019 onwards

ENTRY TICKETS

APPLICATION FOR EQUESTRIAN ENTRY TICKETS

Name: _____ Guardian (if under 18) _____

Address: _____

Phone: _____ Email: _____

FEES MUST ACCOMPANY ENTRY FORM UNLESS STATED OTHERWISE.

ENTRY FORMS WILL NOT BE PROCESSED UNTIL AFTER FEES ARE RECEIVED.

ALL RIDERS MUST SUBMIT A SIGNED WAIVER & HORSE HEALTH DECLARATION FORM

Do you have an ABN: Yes / No

Are you registered for GST: Yes/No

Signature (or Guardian if under 18) _____ Date: / /

I have read and understand the rules and regulations under which the Annual Show will be conducted

NUMBER OF TICKETS	VALUE OF TICKETS	TOTAL
	\$2.00	
	\$4.00	
	\$5.50	
	\$6.00	
	\$6.50	
	\$12.00	
	\$13.00	
	\$22.00	
	\$30.00	
NOTE: Please ensure you add Administration Fee of 50c		0.50
	TOTAL	

Signature (or Guardian if under 18) _____ Date: / /

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STABLING NOMINATION FORM

Name: _____ Guardian (if under 18) _____

Address: _____

Phone: _____ Email: _____

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Please find prices for stables and indicate what stables are required.

Stallion Stall: \$10.00

Standard Stall: \$10.00

Cleaning Fee: \$15.00 **deposit per stable on booking** (Refundable on inspection at end of show if stall is deemed to be clean. Contact office to arrange inspection.)

NAME OF HORSE	TYPE OF STABLE	SEX	ENTRY FEE
No of Stables (Deposit):		x \$15	
TOTAL:			

PLEASE NOTE: Stables are for horses only – Anyone paying for extra stables for gear will have their money refunded and gear removed. Trailers will be provided for your manure.

Signature (or Guardian if under 18) _____ Date: / /

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CAMPING FORM

CAMPING FEE PER SITE - \$12.00 per night. \$35 for 3+ nights (Friday Night-Tuesday Night).

CAMP SITES WILL NOT BE RESERVED UNLESS PAYMENT IS ENCLOSED WITH THIS APPLICATION

Applications will be accepted for Caravans, Tents, Goosenecks, Floats and Trucks with approved camping bodies which are used for camping purposes.

LIMITED CAMPING OUTSIDE THE GROUNDS ON CLOSED STREETS MAY BE AVAILABLE, CAMP FEES WILL APPLY TO THESE AREAS.

Camping / Stable Plans will be available at the Secretary's Office.

Name: _____

Address: _____

Phone: _____ Email: _____

Number of Camp Sites : _____

PLEASE LIST ALL VEHICLES AND REGO NO'S (INCLUDING TRAILERS) BELOW:

VEHICLE TYPE	REGO NO.	SITE NO/STREET (Office Use Only)

Number of Nights (please circle): **1 - \$12** **2 - \$24**
 3 - \$35 **4 - \$35** **5 - \$35**

Signature (or Guardian if under 18) _____ Date: / /

COMPETITORS PASSES

APPLICATION FOR COMPETITORS PASSES

Name: _____ Guardian (if under 18) _____

Address: _____

Phone: _____ Email: _____

FEEES MUST ACCOMPANY ENTRY FORM UNLESS STATED OTHERWISE.

ENTRY FORMS WILL NOT BE PROCESSED UNTIL AFTER FEES ARE RECEIVED.

ALL RIDERS MUST SUBMIT A SIGNED WAIVER.

Signature (or Guardian if under 18) _____ Date: / /

I have read and understand the rules and regulations under which the Annual Show will be conducted

SUNDAY, MONDAY & TUESDAY COMPETITORS PASSES -

Must be collected from the Secretary's Office before 6pm on the Saturday before the show.

NO ONE WILL BE ALLOWED ON THE GROUNDS WITHOUT A PASS

COMPLIMENTRARY PASSES: 1 Pass per rider

ADDITIONAL ADULT PASSES: May be purchased from the Secretary's Office at a Special Competitors Rate of \$10.00 for the duration of the show.

CHILD PASSES: For children accompanying competitor's parents \$5.00 for the duration of the show.

Please enter the number of passes you are requiring.

ADULT \$10.00

CHILD \$5.00

TOTAL \$ _____

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TOWERS PASTORAL, AGRICULTURAL & MINING ASSOCIATION INC.

NAME OF EVENT: TOWERS PASTORAL AGRICULTURAL AND MINING
ASSOCIATION ANNUAL SHOW 2019 (TPAMA Inc.)

DATES/DURATION OF EVENT: SUNDAY 28TH JULY, MONDAY 29TH JULY AND
TUESDAY 30TH JULY 2019.

WAIVER, RELEASE and ACKNOWLEDGEMENT FORM

In this Waiver, Release and Acknowledgement Form "the Society" means and includes:

- (a) All affiliated entities of the Queensland Chamber of the North Queensland Sub Chamber of Agricultural Societies (QCAS) of which Charters Towers TPAMA is a member;
- (b) Servants or Agents of the Society and/or all affiliated entities;
- (c) Employees of the Society and/or all affiliated entities;
- (d) Members of the Society and/or all affiliated entities; and
- (e) Volunteers of the Society and/or all affiliated entities.

By participating in the Event:

1. I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release the TOWERS PASTORAL AGRICULTURAL AND MINING ASSOCIATION INC., and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of, or connected with my participation in the Event and indemnify them against all liability for all injury, loss or damage to myself or my property arising out of or connected with my participation in the Event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
2. I acknowledge that it is a condition of participating in the Event that the Society and any person or body directly or indirectly associated with the Event are absolved from all liability however arising for injury or damage to myself or my property howsoever caused arising out of participation in the Event whatsoever whether due to negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or otherwise.
3. I acknowledge that any person participating in the Event is only allowed to do so on the distinct understanding that they do so at their own risk.
4. I acknowledge that participating in the Event may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event.
5. I acknowledge that the Society relies on the information provided by me, and state that all such information is accurate and complete.
6. I acknowledge the difficulties of participating in the Event, and warrant that I am physically fit to participate in the Event, and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself or any other person, will suffer injury, loss or damage.
7. I acknowledge that it is a condition of participating in the event that I follow the instructions of the Society and any person directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Society and any person or body directly or indirectly associated with the Event.

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8. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event, whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or otherwise.

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 AND 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. IF I AM IN ANY DOUBT, I ACKNOWLEDGE I CAN SEEK MY OWN LEGAL ADVICE AT MY OWN EXPENSE PRIOR TO PARTICIPATING IN THIS EVENT.

Signature: _____ Date : _____

Name in Full (PLEASE PRINT): _____

DECLARATION OF MINOR *(If you are under the age of 18 years on the Event Day your parent or legal guardian must sign this declaration)*

I certify that I am the parent / legal guardian 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 state that I have read the above and acknowledged acceptance of the stated conditions on behalf of the minor specified above.

Inconsideration of the facilities provided to us, I myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge the Society and any person directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with participation in the Event that I or the child/children/under age person/s may suffer or sustain. I hereby indemnify and agree to keep indemnified the society, and any person or body directly or indirectly associated with the Event against all claims whatsoever by me or the child/children/under age person/s in any way arising out of or connected with and this discharge may be pleaded in bar to any such claims.

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 AND 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. IF I AM IN ANY DOUBT, I ACKNOWLEDGE I CAN SEEK MY OWN LEGAL ADVICE AT MY OWN EXPENSE PRIOR TO ALLOWING MY CHILD TO PARTICIPATE IN THIS EVENT AND PRIOR TO GIVING MY UNQUALIFIED CONSENT.

Signature of parent/guardian: _____

Date: _____

Parent/Guardian's Full Name (please print) : _____

Address: _____

Telephone contact numbers: _____

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