CSAC 125 V2

Visual Arts Entry Form

Cairns Show Association
PO Box 811
BUNGALOW QLD 4870
COMPETITIONS@CAIRNS-SHOW.COM
WWW.CAIRNSSHOW.COM.AU
ABN: 14 009 656 222

CAIRNS SHOW ASSOCIATION VISUAL ARTS ENTRY FORM 2016

Permission to allow artwork to be photographed is a condition of entry

ENTRIES CLOSE 1st July 2016 AT 4.00 PM

SECTION 25

OFFICE USE	CLASS NO	TITLE 1 ENTRY PER LINE ONLY PLEASE	OPEN ONLY Price or "NFS"	ENTRY FEE
			TOTAL $	

STATEMENT BY COMPETITOR

It is a condition of entry to Cairns Show Association that all exhibitors must complete a declaration of their taxation status. Tick the appropriate box and record ABN where applicable. I agree that the CSA may issue Recipient Created Tax Invoices in respect to Prize Money. I will notify the CSA if I cease to be registered for GST.

Are you undertaking this activity as a hobby?	Yes ☐	No ☐
Is this activity part of a business enterprise?	Yes ☐	No ☐
If Yes, do you have an ABN	Yes ☐	No ☐
If Yes, what is your ABN	_ _ _ _ _ _ _ _ _ _ _	

PLEASE PRINT CLEARLY

Mr Mrs Miss Ms *Please circle*	**SURNAME:**		
FIRST NAME:		**DOB: / /** *If under 18*	
POSTAL ADDRESS:			
SUBURB:		**POST CODE:**	
PHONE:		**MOBILE:**	
EMAIL:			

PRIVACY STATEMENT

The information provided by you in any application for membership or application to enter is used by the Cairns Show Association (CSA) to offer member services or to organise and conduct competitions at the Cairns Show. By applying for membership or entering our competitions you consent to provide such details as your name, address and exhibit details. Competition information may be made available to the media and included in CSA publications. Your information will not be disclosed without your consent for any other purpose unless required by the law.

Please accept my above entries subject to the General Conditions of Entry & Competition and Conditions of Entry of your Association. I agree to indemnify the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION against liability for any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION whose decision in all matters is final

SIGNATURE……………………………………………………………… DATE……..…………………

TO COMPLETE YOUR ENTRY ONLINE VISIT www.CairnsShow.com.au

PLEASE FORWARD YOUR ENTRY TO:

CAIRNS SHOW ASSOCIATION OFFICE,
PO Box 811
Bungalow QLD 4870
FAX: 07 4031 3671 TEL: 07 4042 6630
Email: competitions@cairns-show.com

Card Number | | | | | | | | | | | | | | | | **CCV NO:**

Expiry Date | | | | | **Amount Paid: $** **Method of Payment:** ☐ **Visa** ☐ **MasterCard**

Signature: _____ **Date**_____

EVENT: CAIRNS SHOW
DATES/DURATION OF EVENT: 20, 21, 22 July 2016

Cairns Show Waiver, Release and Acknowledgement Form

By participating in the Event:
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 Society from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for any injury, loss or damage 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.
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 arising for injury or damage to myself or my property howsoever caused arising out of my participation in the Event whatsoever 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 participating in the Event may involve a risk of serious injury or even death. I accept all risks necessarily flowing from participating in the Event.
I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
I 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.
I consent to receiving any medical treatment including ambulance transportation that the Society and any person or body directly associated with the Event think desirable as required during the event.
I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person or body 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.

Signature: **Date:**

Print name in full:

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 ANY 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.

DECLARATION OF MINORS – UNDER 18 YEARS OF AGE

If you are under the age of 18 years on the Event Day your parent or guardian must sign this declaration.

I certify that I am the parent or guardian of the Competitor/Exhibitor 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 agree to the above for myself and on behalf of my child I indemnify and keep indemnified all people and corporations associated with the conduct of the events on the terms referred to.

Signature of parent/guardian: **Date:**

Print name in full: