



Kilkivan Great Horse Ride Association Incorporated
PO Box 52
KILKIVAN QLD 4600

ABN: 53 670 490 124

Email: kilkivangreathorseride@gmail.com

Website: www.kilkivangreathorseride.com.au

RELEASE & WAIVER OF LIABILITY

Kilkivan Great Horse Ride Drivers Camp Oven Cook-Off 11-13th April 2025

Acknowledgement of Risk and Waiver of Liability

I the undersigned, hereby acknowledge that my participation in the Drivers Camp Oven Cook-Off involves certain risks including but not limited to, physical injury, property damage and or other harm. I voluntarily choose to participate in this event with full understanding of these risks.

In consideration of being permitted to participate in this event, I agree to the following terms:

1. Assumption of Risk

I accept full responsibility for any injury, damage, or loss that may occur as a result of my participation in the event, whether caused by negligence or otherwise.

2. Waiver of Liability

I release, waive, and discharge the event organisers, sponsors, employees, volunteers, and any affiliated parties from any and all claims, liabilities, or causes of action that may arise from my participation in the event, including but not limited to claims for personal injury, property damage, or death.

3. Indemnification

I agree to indemnify and hold harmless the event organisers, sponsors, employees, volunteers, and any affiliated parties against any claims, damages, or losses arising from my actions or participation in the event.

4. Compliance with Event Rules

I agree to abide by all event rules and regulations and to follow instructions given by event organisers and staff.

5. Miscellaneous

This agreement is governed by the laws of [Jurisdiction]. If any provision of this agreement is found to be unenforceable, the remaining provisions will remain in full force and effect.



Kilkivan Great Horse Ride Association Incorporated
PO Box 52
KILKIVAN QLD 4600

ABN: 53 670 490 124

Email: kilkivangreathorseride@gmail.com

Website: www.kilkivangreathorseride.com.au

Participant Details	Emergency Contact Details
Full Name:	Full Name:
Address:	Phone Number:
Phone Number:	Relationship:
Email:	

Declaration and Signature

By signing below, I confirm that I have read, understood, and agree to the terms of this indemnity form. I acknowledge that I am of legal age to provide this consent or have obtained the consent of a parent/guardian where applicable.

Signature: _____ Date: _____

For Participants Under 18 Years of Age

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Entry Fee Paid: _____