

Membership terms and conditions

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 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 Leeton Show Society 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 show.
4. The signatory must continually indemnify the Leeton Show Society 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 Leeton Show Society Inc incurs or suffers, as a direct or indirect result of the participants participation in any event held by the Leeton Show Society Inc
5. I, the signatory acknowledge the risk referred to above and agree to waive any and all rights that I, the over named minor, or any other person, may have against Leeton Show Society 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.

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.

Membership is unavailable the Month of the Leeton Show

Membership Covers:

2 Adults and your Children under the age of 16years.

3 Free entries in the pavilion sections. (Per Family)

The ability to participate in the running of the Leeton Show Society Inc.

No memberships will be issued prior to show in October. Membership renewals must be paid for by 30th September.

Show Office is open from Tuesday prior to the show. Please check the schedule for closing times of sections.

Admission Prices to Leeton Show

Friday

Children under 4 Free

Concession: \$12.50

(Children 5 – 16 , pensioners and students with student ID)

Adults: \$15.00

Saturday:

Children under 4 Free

All others \$10.00.

Two Day Pass 2 adults and 2 children \$60.00 Available week of the show and at the gate; extra children \$5.00 each. Pre Pay and save \$10.00 by 30th September.

NB: Please note: These prices may vary. Please check with Secretary or www.leetonshowsociety.org.au for up to date prices.

PLEASE NOTE: There is no parking available on the showgrounds for non-competitors, and general public. Parking is available adjacent to the Leeton Jockey Club. Disabled parking adjacent to the Leeton Jockey Club. (Trotting Club Float entrance)



Leeton Show Society Inc.

PO Box 421
 Leeton NSW 2705
 Ph: 02 6953 2140
 Show Week Only
 Mob: 0428 686 461
 Email: secretary
 @leetonshowsociety.org.au
 ABN: 21 863 776 856

Membership Application

I hereby apply for membership of the Leeton Show Society Inc.

Type of Membership New Renewal Family Membership \$45.00
 Family Single Single Membership \$25.00
 2 Day Pass 2 Day Pass \$60.00

Applicant

Given Name: Surname Name:

Address

Town Postcode

Contact Phone Number Mobile

Email address:

Please Print

Names of Members to be covered by this application

Spouse Given Name: Surname Name:.....

Children

Name Age Name Age.....
 Name Age Name Age.....
 Name Age Name Age.....

I have read the terms and condition Of the Leeton Show Society Inc. and acknowledge and agree with its contents

Signature of applicant: Date...../...../20.....

Please find enclosed payment of \$ being for membership 2 day pass

I am paying by Direct Deposit.

PLEASE NOTE IF PAYING BY DIRECT DEPOSIT PLEASE USE MEMBERSHIP NUMBER IN REFERENCE.

New applications: Please put MEM then name. eg: MEM Smith BJ

Bank details:

BSB 802 - 097 Account Number 100 008 938 Membership Number :

If Paying by direct deposit please email or post this form to secretary@leetonshowsociety.org.au or PO Box 421, Leeton 2705. Failure to do so may render your membership ineligible

Office use only

Received by	Entered by	Paid by Chq	Direct Deposit	Cash	Other