

Application For Casual Day Participant Insurance

Adult – Non-SHBA Member Casual Event Insurance

I wish to compete in event conducted by this Association and/or a Branch of this Association and agree to pay the Casual Day Participant Insurance Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society. I am aware that after using this insurance levy twice within a financial year, I may be offered full membership by completing a SHBA membership application and pay the prescribed fee of \$65.00 per annum to the Society, and that the annual Membership levy falls due on 1st January of each year.

I agree to abide by all decisions of the Association in relation to all matters arising out of or in connection with each event in which I participate.

EFFECT OF THIS DOCUMENT:

- I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms, and sign this document freely and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.
- I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or children under my care suffering injury or death.

I, as the participant accept the above agreement.

DATED: _____ / _____ / 2019

SIGNATURE: _____

Exhibitor / Participant