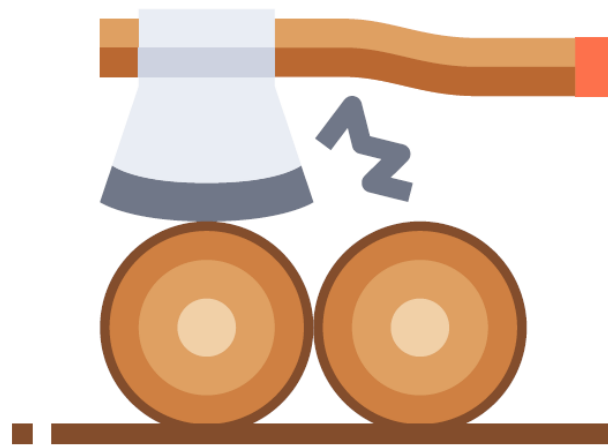


# WANDOAN SHOW

10 APRIL, 2021

WOODCHOP



<http://www.wandoanshow.com.au>  
<https://www.facebook.com/wandoanshow>  
[secretary@wandoanshow.com.au](mailto:secretary@wandoanshow.com.au)



WOODCHOP/CROSSCUT SAWING .....3  
ENTRY FORM.....4  
EVENT PARTICIPANT - WAIVER, RELEASE AND ACKNOWLEDGEMENT FORM .....5

STEWARD – Georgie Worsfold: 0427 274 934 Ah 4627 4934

Saturday 10th April 2021 - Nine event program, 12 midday start

Entries close 24th March 2021

**RULES - AS PER QUEENSLAND AXEMAN'S ASSOCIATION**

<http://www.qldaxemen.com.au/>

**Prizemoney donated by:**



**BE COVID SAFE**

**Wash/Sanitise Hands Regularly**  
**If you are Sick, Stay At Home**  
**Observe social distancing 1.5mt**

## **WOODCHOP/CROSSCUT SAWING**

### **Class 9001 300mm Underhand Handicap**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9002 275mm Standing Block Handicap**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9003 275mm Underhand Handicap**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9004 250mm Standing Block Handicap**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9005 300mm Underhand Championship**

Nominations \$20

**1st - \$400, 2nd - \$200, 3rd - \$100**

### **Class 9006 250mm Standing Block Handicap Veterans**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9007 275mm Underhand Handicap Veterans**

Nominations \$15

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9008 Open Sawing Handicap**

Nominations \$10

**1st - \$350, 2nd - \$170, 3rd - \$110**

### **Class 9009 Open Sawing Championship**

Nominations \$10

**1st - \$400, 2nd - \$200, 3rd - \$100**

**ENTRY FORM**

<b>Wandoan Show Woodchop Nomination Form</b>				
Saturday 10th April 2021 <i>Entries Close 24th March 2021</i>		<b>12noon Sharp</b>	<i>Type of Wood</i> TBC	
<i>The program is conducted under the QAA rules and regulations</i>				
Steward/s: Georgie Worsfold 0427 274 934				
<b>QAA Secretary Details</b>			QAA ABN: 21 316 971 972	
Rohan Skennar 47 Canowie Road Jindalee QLD 4074 Mobile: 0417 611 930 Email: <a href="mailto:gldaxemensassn@outlook.com">gldaxemensassn@outlook.com</a>			Competitor Name: Competitor Mobile: Date:	
Event	Event Name	Prize Money	Entry Fee	Fee
9001	300 U/H Handicap	\$350, \$170, \$110	\$ 15.00	
9002	275 S/B Handicap	\$350, \$170, \$110	\$ 15.00	
9003	275 U/H Handicap	\$350, \$170, \$110	\$ 15.00	
9004	250 S/B Handicap	\$350, \$170, \$110	\$ 15.00	
9005	300 S/B Championship	\$400, \$200, \$100	\$ 20.00	
9006	250 S/B Handicap - Vets	\$350, \$170, \$110	\$ 15.00	
9007	275 U/H Handicap - Vets	\$350, \$170, \$110	\$ 15.00	
9008	Open Sawing Handicap	\$350, \$170, \$110	\$ 10.00	
9009	Open Sawing Championship	\$400, \$200, \$100	\$ 10.00	
<i>Program Sponsor</i>			<b>Total</b>	\$ -
			<b>Payment Option</b>	EFT Cheque Cash
<b>**Cheques &amp; Money Orders to be made payable to: Queensland Axemen's Association **</b>				
<b>QAA Bank Details</b>				
BSB: 014-295				
Account: 640 149 778				
Reference: As per previous instructions				

**BE COVID SAFE**



- Wash/Sanitise Hands Regularly
- If you are Sick, Stay At Home
- Observe social distancing 1.5mt

Or post to:

Secretary:  
Wandoan Show Society Inc  
PO Box 172  
WANDOAN. QLD. 4419  
*(Please make cheques payable to Wandoan Show Society Inc)*

Direct Deposit to:

Wandoan Show Society Inc:  
BSB: 633000  
Acct: 164174161  
REF: Your Name/Woodchop

## EVENT PARTICIPANT - WAIVER, RELEASE AND ACKNOWLEDGEMENT FORM

<b>WANDOAN SHOW SOCIETY INC (“the Society”)</b>	
<b>NAME OF EVENT:</b>	<b>2021 ANNUAL WANDOAN SHOW</b>
<b>DATES/DURATION OF EVENT:</b>	<b>9 – 10 APRIL, 2021</b>

In this Waiver, Release and Acknowledgement Form “the Society” means and includes all affiliated entities; servants or agents of the Society, all employees of the Society, all members of the Society and all volunteers of the Society and/or all affiliated entities.

Please read this document carefully before signing. This document has legal consequences and will affect your legal rights and will limit your ability to bring future legal actions.

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.
2. I fully understand the risks involved in this Event, including the risk of serious injury or even death.
3. I willingly and voluntarily assume and accept all risks necessarily flowing from participating in the Event and agree to participate at my own risk.
4. I acknowledge that it is a condition of and consideration for 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 death, physical or mental injury to myself howsoever caused arising out of my 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.
5. I indemnify, waive and release the Society from all claims, demands and proceedings for death, physical or mental injury incurred by me as a result of my participation in the Event.
6. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
7. I further indemnify The Society against any and all claims made by others arising from my 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.
8. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.
9. 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 understand that it is my responsibility to continuously monitor my own physical and mental condition during the Event and I agree to withdraw immediately and to notify the Society if at any point my continued participation would create a risk of danger to myself or to others.
10. I consent to receiving at my cost any medical treatment including ambulance transportation and emergency medical care that the Society and any person or body directly associated with the Event think desirable as required during the event.
11. 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.

<b>SIGNATURE</b>	<b>DATE:</b>
<b>PRINT NAME IN FULL:</b>	
<b>MOBILE NUMBER:</b>	

**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/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 testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor specified above.

In consideration 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 Show 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.

<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE:</b>
<b>PRINT NAME IN FULL:</b>	

**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 DOCUMENTS 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.**

## SHOW DATES 2021

ALL  
QUEENSLAND  
SHOW DATES  
ARE LISTED ON THE  
QUEENSLAND AG  
SHOWS WEBSITE:

<https://queenslandshows.com.au/show-dates/>

