

National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022  
**Bull Ride**

JUDGES: *W B Jua* *Marcus Sorens* RR:

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	TOTAL	PLACE
<b>Bull Ride</b>							
<b>FRIDAY</b>							
THOMSON, TY	RR411 - GHOST STORY	19	19	38	41	79	①
FRANCIS, BRYN *DM	RR503 - TITANIUM	-	-	Bo	-	-	
HALL, CLAY	RR1011 - HOUSTON	-	-	Bo	-	-	
RUHLAND, DAN	RR143 - RUTHLESS	-	-	Bo	-	-	
WADE, JESSE *DM	RR17 - PROTOTYPE	-	-	Bo	-	-	

<b>SATURDAY</b>							
EVERSON, THOMAS	RR17 - PROTOTYPE	-	-	Bo	-	-	
GROVES, CODY *DM	RR1011 - HOUSTON	-	-	Bo	-	-	<i>MJ</i>
BROWNE, LLEYTON	RR411 - GHOST STORY	18	19	36	37	73	④⑤
WATT, JACK	RR503 - TITANIUM	18½	19	37½	38	75½	③②
WILSON, WILLIAM *DM	RR143 - RUTHLESS	-	-	Bo	-	-	

National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022

**Bull Ride**

JUDGES:

Baham Bourne

RR:

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	TOTAL	PLACE
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**Bull Ride**

**FRIDAY**

THOMSON, TY	RR411 - GHOST STORY	81	<del>80</del> 30	41	38	79	①
FRANCIS, BRYN *DM	RR503 - TITANIUM		B/O				
HALL, CLAY	RR1011 - HOUSTON		B/O				
RUHLAND, DAN	RR143 - RUTHLESS		B/O				
WADE, JESSE *DM	RR17 - PROTOTYPE		B/O				

**SATURDAY**

EVERSON, THOMAS	RR17 - PROTOTYPE		B/O				
GROVES, CODY *DM	RR1011 - HOUSTON		B/O				
BROWNE, LLEYTON	RR411 - GHOST STORY	19	18	37	36	73	②
WATT, JACK	RR503 - TITANIUM	19	19	38	37 1/2	75 1/2	③
WILSON, WILLIAM *DM	RR143 - RUTHLESS		B/O				



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National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022  
**U18 Junior Bull Ride**

JUDGES NAME: *Marius Jones* *W Jones* RR:

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	SCORE	PLACE
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## U18 Junior Bull Ride

### FRIDAY

ROSS, JUSTIN *DM	01						
JONES, NASH *J*	02	-	-	B0	-	-	
USMAR, KOBY *J*	03						
ROCHE, BEN *J*	04	-	-	B6	-	-	
MCDONALD, WESLEY *J*	05	-	-	B0	-	-	

### SATURDAY

GALLAGHER, JESSE *J*	01	-	-	B0	-	-	
FOGARTY, JACK *J*	02	-	-	B0	-	-	
MCWHIRTER, BRUMBY *J*	03	-	-	B0	-	-	
OSBORNE, LACHLAN *J*	04	-	-	B0	-	-	
BEEZLEY, THOMAS *DM	05	-	-	B0	-	-	
<i>McDonald, Wesley</i>	<i>06</i>	<i>-</i>	<i>-</i>	<i>B0</i>	<i>-</i>	<i>-</i>	

National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022

**U18 Junior Bull Ride**

JUDGES NAME: Graham Browne RR: \_\_\_\_\_

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	SCORE	PLACE
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**U18 Junior Bull Ride**

**FRIDAY**

ROSS, JUSTIN *DM	01	Scr					
JONES, NASH *J*	02		B/O				
<del>USMAR, KOBY *J*</del>	<del>03</del>	<del>Scr</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
ROCHE, BEN *J*	04		A/D				
<del>MCDONALD, WESLEY *J*</del>	<del>05</del>						

**SATURDAY**

GALLAGHER, JESSE *J*	01		B/O				
FOGARTY, JACK *J*	02		B/O				
MCWHIRTER, BRUMBY *J*	03		B/O				
OSBORNE, LACHLAN *J*	04		B/O				
BEEZLEY, THOMAS *DM	05		B/O				
m <sup>c</sup> Donald, Wesley	06		B/O				



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National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022

**Novice Bull Ride**

JUDGES NAME: *Marcus Sornes*

COMPETITOR: \_\_\_\_\_ DRAW: *10* STOCK: \_\_\_\_\_ RIDER: \_\_\_\_\_ JUDGE 1: \_\_\_\_\_ JUDGE 2: \_\_\_\_\_ SCORE: \_\_\_\_\_ PL: \_\_\_\_\_

**Novice Bull Ride**

**FRIDAY**

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	SCORE	PL
GOETSCH BILLY *DM	01	-	-	Bo	-	-	
SULLIVAN, LUKE	02	-	-	Bo	-	-	
GILL, JYE *DM	03	-	-	Bo	-	-	
ROCHE, BEN *J*	04	-	-	Bo	-	-	

**SATURDAY**

COMPETITOR	DRAW	STOCK	RIDER	JUDGE 1	JUDGE 2	SCORE	PL
EVERSON, THOMAS	01	16	16	32	35	67	(2nd)
MARTENS, JACOB *DM	02	-	-	Bo	-	-	
<del>ROBERTS, JACOB</del>	<del>03</del>	<del>-</del>	<del>-</del>	<del>Bo</del>	<del>-</del>	<del>-</del>	
GALLAGHER, JESSE *J*	04	-	-	Bo	-	-	
BROWNE, LLEYTON	05	18	19	37	38	75	(1st)
DOYLE, WILL *DM	06	-	-	Bo	-	-	

National Rodeo Association

**TOOWOOMBA SHOW RODEO**

25/03/2022

**Novice Bull Ride**

JUDGES NAME:

*Frahm Browne*

RR:

COMPETITOR

DRAW

STOCK

RIDER

JUDGE 1

JUDGE 2

SCORE

PLACE

**Novice Bull Ride**

**FRIDAY**

GOETSCH BILLY *DM	01			8/0				
SULLIVAN, LUKE	02			8/0				
GILL, JYE *DM	03			8/0				
ROCHE, BEN *J*	04			8/0				

**SATURDAY**

EVERSON, THOMAS	01	19	16	35	32	67	②
MARTENS, JACOB *DM	02		8/0				
<del>ROBERTS, JACOB</del>	<del>03</del>						
GALLAGHER, JESSE *J*	04		8/0				
BROWNE, LLEYTON	05	19	19	38	37	75	①
DOYLE, WILL *DM	06			8/0			



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**CERTIFICATE OF CURRENCY**

18<sup>th</sup> January 2022

As Insurance Brokers acting for the above company, we can confirm that the following insurance policy is currently in force:-

**Public & Products Liability**

Insured: The Queensland Chamber of Agricultural Societies Inc., as incorporated under the Associations Incorporation Act 1981, participating Societies, and any other party for whom the Chamber arranges insurance (including Owners/Trustees of Grounds) and/or all subsidiary companies and/or directors and officers and/or parties for whom the Insured undertakes to insure, for their respective rights and interests.

Additional Insured Royal Agricultural Society of Queensland

Additional Event Rodeo

Insurer: Certain Underwriters at Lloyds of London

Policy Number: B1262PC0867221

Policy Period: 30<sup>th</sup> November 2021 to 30<sup>th</sup> November 2022 both days at 16:00 hours local time

Indemnity Limit: General Liability AUD 20,000,000 any one occurrence  
Products Liability AUD 20,000,000 any one Occurrence and in the aggregate  
Advertising Liability AUD 20,000,000 any one Occurrence and in the aggregate

This document is furnished to you as a matter of information only. The issuance of this document does not make the person or organisation to whom it is issued an additional Insured, nor does it modify in any manner the contract of insurance between the Insured and the Underwriters. Any amendment, change or extension of such contract can only be effected by specific endorsement attached thereto.

Should the above mentioned contract of insurance be cancelled, assigned or changed in such manner as to affect this document, no obligation to inform the holder of this document is accepted by the undersigned or by the Underwriters.

If further details are required, then this can be provided with the permission of our client.

Yours faithfully,



Nick Gardner  
Associate Partner  
**Arthur J. Gallagher International Limited**

# NATIONAL RODEO ASSOCIATION

ACN 058 447 993 ABN 36 058 447 993

[www.nationalrodeoassociation.com.au](http://www.nationalrodeoassociation.com.au)



Phone: 07 5495 8668  
 Fax: 07 5495 7384  
 Office: QSEC, Cnr Tuckaroo Drive &  
 Beerburrum Road  
 Mail: PO Box 1477,  
 Caboolture QLD 4510

[office@nationalrodeoassociation.com.au](mailto:office@nationalrodeoassociation.com.au)

## RECORD OF INJURY / OCCURRENCE

*(To be received by N.R.A. not later than seven (7) days following the incident)*

NAME OF RODEO: Toowoomba Show Rodeo  
 DATE OF RODEO: 26/3/22

**\*\*Please print all Details\*\***

**Injured Person Details:**

Open Event       Junior Event      Sex:  M       F

Name: Jack Ryan Fogarty

Address: 24 James St,

Town/Suburb: Cambooya      State: QLD      P/Code: 4350      DOB: 25/9/06

Phones: 0421 363 400      Mobile: \_\_\_\_\_

**Injury Details:**

Competing       Arena Official       Worker       Bull Fighter       Pick Up Man  
 Spectating       Practicing

**Event Competing:**

Open Bull Ride       Saddle Ride       Bareback Ride       Rope & Tie       Steer Wrestling  
 Team Roping       Barrel Race       Breakaway Roping       Steer Undecor.       Novice Bull Ride  
 Junior Bull Ride       Junior Steer Ride       Junior Barrel Race       Junior Breakaway Roping  
 Poddy Ride       Other: \_\_\_\_\_

**Medical Treatment:**

First Aid Yes / No	Doctor / Paramedic Yes / No	Admit Hospital Yes / No	First Aid (Continued to Ride) Yes / No	First Aid (Went home) Yes / No
Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>	Yes / <u>No</u>

**Briefly explain details of Incident:**

Excitation to elbow area post fall off bull

Name of Attending Medical Officer: Daniel Hartley RN

Signature: \_\_\_\_\_ Date: 26/3/22

Name of Authorised Person (NRA Official): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

DO YOU INTEND TO CLAIM COMPETITORS INSURANCE FOR THESE INJURIES? YES / NO

**\*\*\* PLEASE NOTE: Claim will not be processed if the above record is not completed \*\*\***



National Rodeo Association  
**TOOWOOMBA SHOW RODEO**  
 25/03/2022  
**DAY MEMBER LIST**

NAME	PHONE	ADDRESS	SIGNATURE
BEEZLEY, THOMAS *DM			
DOYLE, WILL *DM	0423840745	197 maniganear RD	W. Doyle
FRANCIS, BRYN *DM			
GILL, JYE *DM	04290571	90 Wyanone Rd Jimboomba	Jye Gill
GROVES, CODY *DM			
MARTENS, JACOB *DM	046746788	70-80 Barry RD	JC
ROSS, JUSTIN *DM			
WADE, JESSE *DM			
Billy Goetsch	0474722177	224 Kentslayan RD	Billy
William Wilton	0427958233	1 High Street Kogan	Wilton



# NATIONAL RODEO ASSOCIATION

ABN 358 447 397

ABN 35 258 447 397

Street Address: QSEC, Cnr Tuckaroo Drive & Beerburnum Road, Caboolture

Postal Address: PO Box 1477, Caboolture 4510

## IMPORTANT NOTICE FOR COMPETITORS - YOU MUST READ THIS CAREFULLY

Rodeo is a dangerous sport and people get injured in the course of their participation. The Association has put in place Rules and Policies for competition, which are designed to protect the competitors and address issues of animal welfare. However, accidents do happen and people do get injured. While the Association has put in place a list of benefits, which are set out, more particularly below, those benefits are not taken as any form of indemnity and the Association requires that you provide a waiver of your rights in consideration of the matters that are set out below. In requiring that waiver the Association does so in the interest of the sport of rodeo and the continued operations of that sport in the future and the welfare and interests of its competing members.

## WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, *(insert Competitors name)* agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

I AM AWARE that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) I CONFIRM that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

RODEO: *Towamba* DATE: *26/3/2022*

SIGNATURE OF COMPETITOR: *[Signature]*

ADDRESS OF COMPETITOR: *1 High Street Kogarah QLD*

CONTACT NUMBER: *0427958233* D.O.B: *08/12/1986*

EMAIL ADDRESS: .....

DATE: ...../...../.....

(IF COMPETITOR IS UNDER 18YRS OF AGE)

NAME OF PARENT/LEGAL GUARDIAN: .....

SIGNATURE OF PARENT/LEGAL GUARDIAN: .....

NAME OF WITNESS: *Kim Gallaway*

SIGNATURE OF WITNESS: *[Signature]*

### Enquiries:

9am - 3pm Monday - Friday

Phone: 07 5495 8668

Fax: 07 5495 7384

Email: [office@nationalrodeoassociation.com.au](mailto:office@nationalrodeoassociation.com.au)

### Central Entries:

Phone: 07 5499 1700

Wed: 10am - 2pm

Thurs: 2pm - 6pm

Email: [entries@nationalrodeoassociation.com.au](mailto:entries@nationalrodeoassociation.com.au)

[www.nationalrodeoassociation.com.au](http://www.nationalrodeoassociation.com.au)



# NATIONAL RODEO ASSOCIATION

ABN 358 447 993

ABN 36 358 447 993

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## WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, Will (insert Competitors name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

I AM AWARE that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) I CONFIRM that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

RODEO: Toowoomba DATE: 26, 03, 22

SIGNATURE OF COMPETITOR: W. Doyle

ADDRESS OF COMPETITOR: 197 munigallen

CONTACT NUMBER: 0423810745 D.O.B: 26/01/2002

EMAIL ADDRESS: doyle2922@gmail.com

DATE: \_\_\_\_\_

(IF COMPETITOR IS UNDER 18YRS OF AGE)

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

NAME OF WITNESS: Kim Gallaway

SIGNATURE OF WITNESS: [Signature]

### Enquiries:

9am - 3pm Monday - Friday

Phone: 07 5495 8668

Fax: 07 5495 7384

Email: [office@nationalrodeoassociation.com.au](mailto:office@nationalrodeoassociation.com.au)

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### WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, Billy Goetsch (insert Competitors name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

I AM AWARE that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) I CONFIRM that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

RODEO: Toowoomba DATE: 25/3/22

SIGNATURE OF COMPETITOR: [Signature]

ADDRESS OF COMPETITOR: 221 Kents Langdon RD

CONTACT NUMBER: ..... D.O.B; .....

EMAIL ADDRESS: .....

DATE: ...../...../.....

(IF COMPETITOR IS UNDER 18YRS OF AGE)

NAME OF PARENT/LEGAL GUARDIAN: .....

SIGNATURE OF PARENT/LEGAL GUARDIAN: .....

NAME OF WITNESS: Kim Gallaway

SIGNATURE OF WITNESS: [Signature]

**Enquiries:**

9am - 3pm Monday - Friday

Phone: 07 5495 8668

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Email: [office@nationalrodeoassociation.com.au](mailto:office@nationalrodeoassociation.com.au)

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### WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, ..... (insert Competitors name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

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I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

RODEO: Toowoomba DATE: 25/03/21

SIGNATURE OF COMPETITOR: Joe Gill  
ADDRESS OF COMPETITOR: 98 Wynne Rd Jimboomba

CONTACT NUMBER: 0421905717 D.O.B: 21/02/19/02

EMAIL ADDRESS: jyegill17@hotmail.com

DATE: \_\_\_\_\_

(IF COMPETITOR IS UNDER 18YRS OF AGE)

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

NAME OF WITNESS: Kim Gillaway

SIGNATURE OF WITNESS: [Signature]

**Enquiries:**  
9am - 3pm Monday - Friday  
Phone: 07 5495 8668  
Fax: 07 5495 7384  
Email: [office@nationalrodeoassociation.com.au](mailto:office@nationalrodeoassociation.com.au)

**Central Entries:**  
Phone: 07 5499 1700  
Wed: 10am - 2pm  
Thurs: 2pm - 6pm  
Email: [entries@nationalrodeoassociation.com.au](mailto:entries@nationalrodeoassociation.com.au)



# NATIONAL RODEO ASSOCIATION

ACN 053 447 993

ABN 36 053 447 993

Street Address: QSEC Chr Tuckaroo Drive & Beerburum Road Cabooture

Postal Address: PO Box 1477, Cabooture 4510

## IMPORTANT NOTICE FOR COMPETITORS - YOU MUST READ THIS CAREFULLY

Rodeo is a dangerous sport and people get injured in the course of their participation. The Association has put in place Rules and Policies for competition, which are designed to protect the competitors and address issues of animal welfare. However, accidents do happen and people do get injured. While the Association has put in place a list of benefits, which are set out, more particularly below, those benefits are not taken as any form of indemnity and the Association requires that you provide a waiver of your rights in consideration of the matters that are set out below. In requiring that waiver the Association does so in the interest of the sport of rodeo and the continued operations of that sport in the future and the welfare and interests of its competing members.

### WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, Jared Borgho (insert name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

I AM AWARE that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) I CONFIRM that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

SIGNATURE OF COMPETITOR: .....

J Borgho

ADDRESS OF COMPETITOR: .....

8 KATE Street

Gracemere 4702

CONTACT NUMBER: .....

0427414421

NAME OF WITNESS: .....

SIGNATURE OF WITNESS: .....

SIGNATURE OF PARENTS/GUARDIANS: .....  
(IF COMPETITOR IS 18 OR UNDER)

DATE: .....

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# NATIONAL RODEO ASSOCIATION

ACN 053 447 993

ABN 26 058 447 993

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Postal Address: PO Box 1477, Caboolture 4510

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### WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, Tom Ferguson (insert name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

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I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

SIGNATURE OF COMPETITOR:

[Signature]

ADDRESS OF COMPETITOR:

"Mardell" 19770 Newell Hwy

CONTACT NUMBER:

Gurley NSW 2398  
0460 688 522

NAME OF WITNESS:

.....

SIGNATURE OF WITNESS:

.....

SIGNATURE OF PARENTS/GUARDIANS:  
(IF COMPETITOR IS 18 OR UNDER)

[Signature]

DATE:

11.3.22

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### WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, Will Ferguson (insert name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.

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I acknowledge that payment of Day Membership binds All Day Members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of Rodeo.

SIGNATURE OF COMPETITOR:

Clay

ADDRESS OF COMPETITOR:

"Mardell" 19770 Newell Hwy Gureley

CONTACT NUMBER:

NSW 2398  
0460 688 522

NAME OF WITNESS:

SIGNATURE OF WITNESS:

SIGNATURE OF PARENTS/GUARDIANS:  
(IF COMPETITOR IS 18 OR UNDER)

Clay

DATE:

11.3.22

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