

WAIVER AND RELEASE OF LIABILITY FORM
BROOMFIELD GRAZING COMPANY A.B.N. 47 387 103 772
LADYBROOK FARM - FARM AND LEISURE ACTIVITIES
All details must be fully completed

Names of ALL Attendees

Name of Guardian(s) (if ANY CHILDREN under 18 years attending):

Address: _____

Email: _____ Phone: _____

Risks of Farm and Leisure Activities

I understand and acknowledge that:

1. Farms are inherently dangerous;
2. Farm animals can be dangerous and can act in sudden and unpredictable ways, especially if frightened or hurt;
3. Farm animals can carry diseases and that hand washing is important and any instructions given by Ladybrook Farm, it's employees, partners, volunteers and assigns as to hand washing should be followed;
4. I have read and understood the conditions of entry to Ladybrook Farm;
5. That any fenced area may be dangerous and should not be entered into without express permission;
6. Out of bounds areas are clearly marked and should not be entered at any time;
7. Farm equipment is obviously dangerous and should not be touched/climbed on without permission;
8. Swimming in a river or bushwalking is a dangerous activity and will be done at my own risk; and
9. There is risk of serious injury, death or accident to children and adults participating in farm and leisure activities.

I have voluntarily read this warning, understood this warning, accept, and assume all of the risks inherent or otherwise of participating in farming and leisure activities, associated activities of Ladybrook Farm. I understand that I can choose not to participate in any activity if I feel that it is too dangerous and will do so. I agree that **I PARTICIPATE** at my **OWN RISK** and that the owners of the land upon which Ladybrook Farm is situated, Broomfield Grazing Company and their employees, partners, volunteers or assigns shall not be liable for my personal injury, death, loss or damage occasioned to me and/or the children under my care or any loss or damage occasioned to any of my possessions whether such liability arises out of any express or implied term of my participation in the activities or at common law or in any other way.

Conduct

I agree to follow the rules and regulations as set out in the conditions of entry for Ladybrook Farm and that any misconduct or refusal by me to follow any direction will result in **CANCELLATION** of my booking and immediate removal from Ladybrook Farm **NO MATTER** where that may occur. I agree to follow all instructions and safety advice given to me by Ladybrook Farm, it's employees, partners, volunteers and assigns.

Medical Treatment Consent

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and or illness during any farm and leisure activities.

Other permissions

I understand that at this farm and leisure activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by Ladybrook Farm.

(Please tick box if you DO NOT give permission for this to occur)

Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Ladybrook Farm, its directors, employees, volunteers and assigns to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

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Signature of Participant/Guardian

Signature of Participant/Guardian

Dated