

OFFICIAL ENTRY FORM - Camperdown Show 8th & 9th October 2022

Camperdown Pastoral and Agricultural Society, P.O. Box 161, Camperdown, 3260

THIS FORM IS USED FOR ALL SECTIONS: CATTLE / SHEEP / DONKEY / POULTY / HOMECRAFTS.

Name: (please print clearly so we can read it)

Address:

Town:

P/Code:

Phone:

Email

Mail entries: Please check entry close date for each section in schedule.

Entry on Show Day available in some sections for an additional fee- please refer to schedule.

Please use a separate form for each exhibitor / entrant (This form may be copied).

Exhibitors must keep a copy of all entries submitted in all classes as no confirmation of these entries will be sent.

Accepted entries are subject to the Rules & Regulations of the Society as printed in the Show Schedule.

Horse & Cattle owners with Registered breeds must send a copy of their registration with their entries.

A waiver relating to all Animal Handlers can be found on our website, at our Facebook page or by email or mail upon request.

By signing you also confirm that the below-named person is the exhibitor/entrant of all entries listed below

Signed _____.

Section Number	Class Number	Class description	Exhibitor / Exhibit Name	Fee
			TOTAL OF ENTRY FEES = \$	
		Cattle Clipping Frame Yes / No	Membership \$25- Yes / No	
		<small>*Membership Form back of this page or our website.</small>	OVERALL TOTAL = \$	

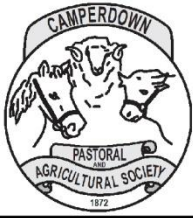
Please Note Entries can be dropped off at the Camperdown Newsagency to save on postage.

Payment Options: please mark payment method using in box >
Bank Transfer Details:

Account Name: Camperdown Pastoral & Agricultural Society Inc.
BSB: 633 000 Account Number: 165 965 179 Bendigo Bank
Reference: "entry your name" (eg. entry jsmith)

Please post or email clear copy of entry form to camperdownpa@gmail.com

- Cheque or Money Order
- Cash
- Bank Transfer



CAMPERDOWN PASTORAL & AGRICULTURAL SOCIETY INC.

PO Box 161, Camperdown VIC 3260

A0011790N

camperdownpa@gmail.com

ABN: 50 734 334 143

MEMBERSHIP FORM

To become a member of the Camperdown Pastoral & Agricultural Society Inc, simply complete the details below, follow the steps to make payment and return form to PO Box 161, Camperdown VIC 3260.

- Membership fee is \$25 which runs from 1st Feb 2022 to 31 Jan 2023.
- Membership of the Camperdown Pastoral & Agricultural Society Inc. entitles the holder, admission to the Annual Show on both days for two (2) adults and two (2) children, as well as discounts to other events organised by the society during the year.
- Members are also entitled to vote at the Annual General Meeting and any other general meetings of the society, including Special Meetings.
- All members may make application to be a member of the Committee of Management.
- Entry Fees for some sections of the Annual Show may also be reduced for members.

Name: _____

Address: _____

Town: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Signed: _____ Dated: _____

Payment Options: please mark payment method using in box below

Cheque or Money Order Cash Bank Transfer

Bank Transfer Details:

Account Name: Camperdown Pastoral & Agricultural Society Inc.

BSB: 633 000 Account Number: 165 965 179 Bendigo Bank

Reference: "memb your name" (eg. memb jsmith)

Your membership card and receipt will be posted shortly thereafter.

VICTORIAN AGRICULTURAL SHOWS LIMITED

THIS DOCUMENT IS A NO DUTY OF CARE RISK WARNING THIS DOCUMENT IS A WAIVER OF DUTY OF CARE

Do not complete "Event" details if this document only applies to use of facilities other than for an Event.
Event Name (Subsequently referred to as "the Event"):

___ **CAMPERDOWN P&A SOCIETY SHOW** ___ Event Date: _____

Participant Name: _____

Participant Address: _____

Participant Contact Number: _____ Participant's Date of Birth: _____

Participant Email: _____

1. Section A - Supplier's statements about risk and duty of care

~Victorian Agricultural Shows Limited and (Name of Show)___CAMPERDOWN P&A SOCIETY SHOW __
(together the Suppliers) advise as set out below.

~The handling of animals is a dangerous recreational activity as animals can act in a sudden and unpredictable way, especially when frightened or hurt.

~Participation (including passive participation) in animal handling and/or physical competitions and/or Events at an agricultural show and/or use of the Suppliers' facilities contain elements of risk, both obvious and inherent.

~Physical competitions and activities, Events and use of the Suppliers' facilities are all dangerous recreational activities.

~This document is a risk warning for the purpose of the Wrongs Act (1958) VIC.

~This risk warning is given by or on behalf of the Suppliers.

~This document acts as an exclusion of liability under the Wrongs Act (1958) VIC if the services supplied by the Suppliers are supplied without reasonable care and skill.

2. Section B - Participant's acknowledgements

1. By signing this document I acknowledge that:
2. Participation in the Event and/or use of the Suppliers' facilities is a recreational activity for the purposes of the Wrongs Act (1958) VIC.
3. I participate in the Event and/or use of the Suppliers' facilities at my own risk.
4. Participation in the Event and/or use of the Suppliers' facilities is a hazardous activity and involves a significant risk of physical harm and may result in injury, loss, damage or death to me and others.
5. Participation in the Event and/or use of the Suppliers' facilities requires certain skills and experience. I declare that I have sufficient skills and experience to be able to safely and properly participate in the Event and/or use the Suppliers' facilities.
6. Animals can act in sudden and unpredictable ways, especially if frightened or hurt, or if exposed to loud or unfamiliar noises.
7. The Event will be held in close proximity to rides and large groups of people and there may be loud and unfamiliar noises which can frighten animals used in the Event.
8. If the Event is held outdoors, there are risks to me as a result of the weather conditions, including either extreme hot or cold weather, rain or wind.
9. Insects or other animals may cause animals used in the Event to become frightened and act in an unpredictable way.
10. In handling animals, there is a risk of suffering injury including injuries caused by the animals.
11. I am responsible for ensuring that I have and will wear equipment suitable for my safety in my participation of the Event and/or in using the Suppliers' facilities.
12. I am responsible for the condition of any tools and equipment and ensuring that they are appropriate for the Event and/or in using the Suppliers' facilities.
13. I use the Suppliers' facilities, including for the Event entirely at my own risk, as I find them and with the prior acceptance of the risk of possible danger to me, both obvious and inherent.
14. At the time of participating in the Event and/or in using the Suppliers' facilities, I will not to any degree be

under the influence of alcohol or illicit drugs.

15. I will not consume any alcohol or illicit drugs while participating in the Event and/or in using the Suppliers' facilities and agree that such use may result in my being excluded from the Event and/or from using the Suppliers' facilities with no entitlement to any refund of money paid to the Suppliers for entry.
16. I agree to be bound by the rules and guidelines of the Suppliers as varied from time to time.

3. Section C - Participant's acceptance of risk & no duty of care & waiver of rights

1. I acknowledge and agree that my participation in the Event and any associated activities and/or my use of the Supplier's facilities is dangerous and may have obvious and/or inherent risks as a result of which personal injury (and sometimes death) may occur.
2. I acknowledge that my participation in the Event and any associated activities and/or my use of the Supplier's facilities carry with them a significant risk of physical harm.
3. I accept and assume all risks of personal injury or death in anyway whatsoever arising from my participation in the Event and any associated activities and/or my use of the Supplier's facilities.
4. I waive my individual right to sue the Suppliers for all claims I may have for such personal injury or death against the Suppliers in any way whatsoever arising from or in connection with my participation in the Event and any associated activities and/or my use of the Supplier's facilities.
5. If I suffer personal injury or death while participating in the Event and/or from my use of the Supplier's facilities, I will not hold the Suppliers, their employees or agents legally responsible for any personal injury or death I suffer.
6. I will not sue the Suppliers, their employees or agents for any claims, actions, costs, damages or liability.
7. I release the Suppliers and their employees from legal responsibility for the services I have been provided and/or activity I have participated in, including the Event.

4. Section D – Signature

Where the participant is 18 years of age or over:

~I agree that I have read and understood this waiver prior to signing it.

~I acknowledge that the Suppliers have permitted me to participate in the activity the subject of this document in reliance on the matters acknowledged by me and the representations I have made in this document.

~I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of Victoria.

~I agree that everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature: _____

Dated: _____

Where participant is UNDER 18 years of age (to be completed by a parent or guardian):

Participant's Date of Birth _____

I _____ (insert parent/guardian name),

being a parent or legal guardian of the above named participant, hereby consent to my child using the Suppliers' facilities and/or participating in the Event.

I confirm that I have read and understood and explained to the participant this waiver prior to signing it.

I acknowledge that the Suppliers have permitted the participant to participate in the activity the subject of this document in reliance on the matters acknowledged by me and the representations that I have made in this document.

I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of Victoria.

I agree that everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature: _____

Dated: _____

NATIONAL CATTLE HEALTH DECLARATION

V: 02/05/18

Property Identification Code (PIC) of this property

This MUST be the PIC of the property that the stock is being moved from

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Attached to accompanying NVD/Waybill No.

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Biosecurity and health information

1. Has the owner stated above owned all the cattle in this consignment since birth? Y N

2. Does the property of origin have a completed on-farm biosecurity plan? Y N

3a. Have these cattle been tested for the presence of pestivirus antigen? If tested, were any cattle found to be persistently infected? Y N
Y N

3b. Have these cattle been tested for the presence of pestivirus antibody? If tested what percentage of the tested cattle were antibody positive? Y N
Y N

4. Has the property of origin had an occurrence of clinical Johne's disease (JD) in any species in the past five years? Y N Unsure
J-BAS of (Optional)

5. On the property of origin, have cattle been co-grazed with dairy cattle? Y N Unsure
See explanatory note for advice on co-grazing with non-bovine species

6. Has the source herd had a JD test? Y N Pending
If so, which test? Check Test Sample Test Date / /
Was the result negative? Y N

7. If dairy cattle, the consignment has a Dairy Assurance Score of: Part A (herd base score) Part B (calf credits) Part C (total Dairy Score)

8. Any other relevant health information

Treatments

Treatment type

Product

Date of treatment within last 6 months

Drench or pour-on

Liver fluke

Other treatments

Current vaccinations for the cattle being moved (see explanatory note)

Clostridial (e.g. 5 in 1): Y Botulism: Y

Leptospira (e.g. 7 in 1): Y Bovine ephemeral fever: Y

Pestivirus: Y Tick fever: Y

JD (Sillirum): Y Vibrio: Y

Other vaccinations (specify):

Declaration (see explanatory notes for further information)

I (Full name)

..... (Address)

..... (Town/suburb)

..... (State)

..... (Postcode)

I declare that I am the owner or the person responsible for the husbandry of the cattle and that all the information in this document is true and correct. I also declare that I have read and understood all the questions that I have answered, that I have read and understood the explanatory notes, and that I have inspected the animals and deem them to be healthy, free of signs of disease and fit to travel.

Signature*

Date / /

*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed

Tel. No. ()

Email

NATIONAL SHEEP HEALTH STATEMENT (SHS)

Completing this Sheep Health Statement (SHS) will assist prospective buyers to determine the suitability of these sheep for their enterprise. Although the SHS is voluntary in most states, it is mandatory in SA. (Version 4, March 2016)

Attached to accompanying NVD/Waybill No.		PIC of the consignment property	
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A: BIOSECURITY INFORMATION

A1. All consigned sheep were born on the consignment property.	Yes <input type="checkbox"/> No <input type="checkbox"/>
A2. The number of different sources of sheep that have been INTRODUCED onto the consignment property in the last 5 years is: 0 (closed flock) <input type="checkbox"/> 1- 5 <input type="checkbox"/> 6+ <input type="checkbox"/> Rams Only <input type="checkbox"/>	
A3. All consigned sheep are from a property with a livestock biosecurity plan. (see note 1) If Yes, Property Plan Regional Biosecurity Plan (name)	Yes <input type="checkbox"/> No <input type="checkbox"/>

B: FOOTROT / LICE / OVINE BRUCELLOSIS

B1. To the best of my knowledge, all consigned sheep are from a flock that is free of VIRULENT FOOTROT. (see note 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>
B2. To the best of my knowledge, all consigned sheep are from a flock that is free of LICE.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B3. All consigned sheep are from a flock in an OVINE BRUCELLOSIS scheme. If Yes, Flock Accreditation No. (except Qld) Expiry Date / / 20	Yes <input type="checkbox"/> No <input type="checkbox"/>

C: OVINE JOHNE'S DISEASE (OJD)

C1. All consigned sheep are from a SheepMAP flock. (see note 3) If yes, Status: Year commenced in SheepMAP:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. All consigned sheep are from a flock with a negative test for OJD. (see note 4) If Yes, which test? Faecal 350 within the past 24 months <input type="checkbox"/> Abattoir 500 within the past 24 months <input type="checkbox"/> Abattoir 150 within the past 12 months <input type="checkbox"/> Other (see note 5) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C3. To the best of my knowledge, all consigned sheep are from a flock that is not infected or suspected of being infected with OJD. (see note 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C4. All consigned lambs are NLLIS 'T' tag (terminal) lambs. (see note 7)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C5. (a) All consigned sheep are Approved Vaccinates. (see note 8) (b) If Yes, I have been continuously vaccinating all retained lambs in the consignment flock for OJD for years.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C6. Sheep INTRODUCED onto the consignment property in the last 5 years were from a flock with: (see notes 3,4 and 8 - multiple answers may be applicable) SheepMAP accreditation <input type="checkbox"/> Negative Faecal 350 <input type="checkbox"/> Negative Abattoir 500 <input type="checkbox"/> Negative Abattoir 150 <input type="checkbox"/> All Approved Vaccinates <input type="checkbox"/> Unknown status <input type="checkbox"/> Other <input type="checkbox"/> (see note 9)	

D: TREATMENT INFORMATION OF CONSIGNED SHEEP

Treatment	Product	Date of Last Treatment
External Parasite Treatment		/ /
Internal Parasite Treatment		/ /
Vaccination (other than OJD)		/ /

E: ADDITIONAL INFORMATION (optional - see note 10)

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F: DECLARATION (see note 11)

I (full name): _____	
Address: _____	
declare that, I am the owner and/or person responsible for the husbandry of the sheep in this consignment and all the information on this Sheep Health Statement is true and correct:	
Signed: _____	Date: / / 20
Phone Number: _____	Fax number/email: _____

Producers are advised to retain appropriate records to support this declaration. Persons making false statements may be liable under fair trading and other relevant state legislation