

## EQUESTRIAN QUEENSLAND MEDIA ACCREDITATION MEDIA PHOTOGRAPHER APPLICANT'S RELEASE OF LIABILITY

Name of Media Photographer:	
Address:	
State:	Post Code:
events, I HEREBY WAIVE any right claims for loss or damage arising attendance, or that of any person events conducted or organized becaused or contributed to in any voluntaries of equestion of the supporter of a participant or the supporter of a participant RELEASE AND FOREVER DISHARG Queensland and any person part event, from any claim which I might be suffered owith photographing, videoing, reassociated with my assignment a me acting under my direction or	It to enter and photograph or video at Equestrian Queensland's ts I might have or might hereafter acquire in relation to any and all from injury, death or property damage suffered or arising from my nemployed by me or acting under my direction or control, at any y or on behalf of Equestrian Queensland, whether arising from or vay by the negligence or acts or omissions of any person administration or conduct of that event, whether as an officer, trian Queensland, or as an official, helper, volunteer or participant, or any person participating as a spectator and further HEREBY is EAND AGREE TO HOLD HARMLESS and INDEMNIFY Equestrian icipating in the organisation, administration or conduct of that ght hereafter have in relation to any such injury, death or property or arising as described above. I agree to assume all risks associated cording, spectating, use of the facilities and any other activities and/or presence at the events and that of any person employed by control If any portion of this agreement is deemed unenforceable, force and effect. I intend to RELEASE to be interpreted as broadly
Signature of Applicant:	Dated:/
Please Note: All persons attending an Event as Liability form.	s part of the media team, must complete and sign a Release of