

**Application form for Press/Media Accreditation  
at Horseland Australian Eventing Championships**

Applicant Name: \_\_\_\_\_  
ABN: \_\_\_\_\_  
Name of business or employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Working with children Check: \_\_\_\_\_ Exp: \_\_\_\_\_

Contact Numbers:  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Number of requested passes: \_\_\_\_\_

Where will you be posing your media on?  
Website: \_\_\_\_\_  
Social Media Sites: \_\_\_\_\_  
Other: \_\_\_\_\_

Have you attended the Wandin Park International before? YES / NO

**MEDIA PASS APPLICANT'S RELEASE OF LIABILITY**

As a condition of being permitted to enter and photograph, video Horseland Australian Eventing Championships I HEREBY WAIVE any rights I might have or might hereafter acquire in relation to any and all claims for loss or damage arising from injury, death or property damage suffered or arising from my attendance, or that of any person employed by me or acting under my direction or control, at any events conducted or organized by or on behalf of Wandin Park Association Inc., whether arising from or caused or contributed to in any way by the negligence or acts or omissions of any person participating in the organization, administration or conduct of that event, whether as an officer, employee or otherwise of Wandin Park or as an official, helper, volunteer or participant, or the supporter of a participant or any person participating as a spectator and further HEREBY RELEASE AND FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS and INDEMNIFY Wandin Park and any person participating in the organization, administration or conduct of that event, from any claim which I might hereafter have in relation to any such injury, death or property damage that might be suffered or arising as described above. I agree to assume all risks (other than those assumed by my employer) associated with photographing, videoing, recording, spectating, use of the facilities and any other activities associated with my assignment and/or presence at the events and that of any person employed by me or acting under my direction or control. If any portion of this agreement is deemed unenforceable, all other parts shall remain in full force and effect. I intend this RELEASE to be interpreted as broadly as permissible by law.

Sign Name Here: .....

Print Name Here: .....

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