Memorial Charity Bowls Day Show & Shine

Vehicle Registration Form & Owner/Participant Waiver

Year:_____

Make:_____

Model: _____

Colour: _____

Body Type: _____

Name: _____

Email Address: _____

Phone Number: _____ Address: _____

_____ City: _____

State: _____ Postcode: _____

The Event

1 August 2026, Biloela Bowls Club, 51 Dawson Highway, Biloela. Qld

The Joel Weeks Memorial Charity Bowls Day has been crafted to celebrate Joel's generous nature and to raise awareness and funds to improve the health and wellbeing of Banana Shire residents.

The funds raised from this years event is going towards better facilities for patients and their families going through a Palliative Care Journey. An example of this may be a cuddle bed, an impactful piece of equipment allowing loved ones to remain close while still meeting essential medical requirements.

Set Up Time:

Show& Shine Participants must arrive from 7am to be in place by 9am. . Participants are responsible for leaving the area in the same condition as they found it. Each vehicle area have a JWLF Inc donation tin and places will be announced for the people's choice 1st, 2nd, 3rd.Winners and prizes to be announced on the day.

Additional Information & Instructions

- All registration forms must be filled out, signed and e-mailed back to joelweeksfoundation@outlook.com, with a photo attached of the vehicle you are registering for the event
- Vendors must provide their own vehicle area equipment ie: chairs etc
- No electricity, or running water is available within 100 m of designated area
- Toilets, Food and Refreshments are available on site.
- Fee: Free & Space is limited

Any questions, please feel free to contact President, Matthew Weeks on 0408757998.

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Release of Liability:

With the knowledge that such waivers shall not override non-excludable statutory guarantees or protect against reckless, intentional, or grossly negligent conduct under Australian Law, including *Civil Liability Act* and *Australian Consumer Law,* I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby waive, release, and discharge Joel Weeks Legacy Fund, its officers, employees, agents, and representatives from any and all claims, liabilities, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my property during or as a result of my participation in the aforementioned activities.

Photographic and Video Release:

I grant Joel Weeks Legacy Fund and/or its appointed photographer the right to take photographs and videos of me and/or my property during my participation in the activities. I understand that non-affiliated individuals or organisations may take photographs and videos of me and/or my property during my participation in the activities and share them Joel Weeks Legacy Fund. I understand that Joel Weeks Legacy Fund shall use its judgment and discretion to determine the suitability of the content. I understand that these images may be used for media, promotional and educational purposes, and I waive any right to compensation for such use.

Agreement to Follow Instructions:

I agree to follow all reasonable instructions provided by Joel Weeks Legacy Fund and its representatives, the programs and activities. I understand that failure to adhere to instructions may increase the risk of injury, property damage and may result in my removal from the activity.

By signing this Waiver, I acknowledge that I have read, understand, and voluntarily agree to all the terms and conditions outlined herein.

Participant Signature *

Parent/Guardian Signature (If under 18)

Date of Signature *