

**West's Wood Fair**  
**20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> June 2025**

**Event Participant – Waiver, Release and Acknowledgement Form**

In this Waiver, Release and Acknowledgement Form, “West’s Wood Fair” means and includes all affiliated individuals; employees/members of WEST’S OF EAST DEAN, L. WEST & SON and PETER WEST and all volunteers of WEST’S OF EAST DEAN.

By participating in the CHAINSAW CARVING COMPETITION at West’s Wood Fair on 20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> June 2025:

1. I acknowledge that it is a condition of participating in the event that I do so at my own risk. I am responsible at all times for my own safety. I accept all risks and release WESTS WOOD FAIR from all claims, demands and proceedings arising out of or connected with my participation in the event and secure them against all liability for any injury, loss or damage arising out of or connected with my participation in the event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
2. I acknowledge that it is a condition of participating in the event that WESTS WOOD FAIR and any person or body directly or indirectly associated with the event are absolved from all liability arising from injury or damage to myself or my property howsoever caused arising out of my participation in the event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of WESTS WOOD FAIR and any person or body directly or indirectly associated with the event, or otherwise.
3. I acknowledge that participating in the event may involve risk or serious injury or even death. I accept all risks from participating in the event.
4. I acknowledge that WESTS WOOD FAIR relies on the information provided by me and state that all such information is accurate and complete.
5. I warrant that I am physically fit to participate in the event and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other conditions that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
6. I consent to receiving any medical treatment including ambulance transportation that WESTS WOOD FAIR and any person or body directly or indirectly associated with the event deemed necessary.
7. I acknowledge that it is a condition of participating in the event that I follow the instructions of WESTS WOOD FAIR and any person or body directly or indirectly associated with the event at all times. I absolve WESTS WOOD FAIR and any person or body directly or indirectly associated with the event from all claims, demands and proceedings arising out of or connected with the failure by me to comply with the rules and/or directions given to me by WESTS WOOD FAIR and any person or body directly or indirectly associated with the event.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME IN FULL: \_\_\_\_\_

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