**ALRESFORD & DISTRICT AGRICULTURAL SOCIETY ANNUAL SHOW**

**Exhibitor Risk Assessments/Insurance Details**

Please complete all sections of this application form and return to the Trade Stand Secretary with your payment.

PLEASE USE BLOCK CAPITALS

|  |  |
| --- | --- |
| **Name**: |  |
| **Company Name**: |  |
| **Address**: |  |
| **Responsible Person**: |  |
| **Date of Assessment**: |  |
| **Signature of Assessor**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Risk Assessment** | | | |
| Identified Hazard | Persons at Risk | Controls in Place | Additional Controls Required |
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