

CABOOLTURE MARKETS

CASUAL FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CAR REGISTRATION: _____

EMERGENCY CONTACT: _____

INSURANCE DETAILS: _____

WHAT ARE YOU SELLING: _____

MARKET ATTENDANCE DATE: _____

GUIDELINES TO FOLLOW

- Stallholders to install signage to explain new shopping procedures
E.g. Social distancing 1.5mtrs, 1 person per 2sqm
- Stallholders to use social distancing markers at the entry/exit points of their site
- Stallholders to re plan their site with tables and stock at the front of stall instead of having visitors walk to the back of their site
- Any stallholders that do allow customers to enter their site must have an entry and exit plan in place with signage
- All stallholders to have hand sanitiser and disinfectant wipes on their site
- Encourage stallholders to use cashless methods to avoid handling of cash e.g. EFTPOS

- EFTPOS machines to be wiped after each use with disinfectant wipes
- Pre-bagged produce is recommended, and try to encourage customers to minimise handling, touching stock otherwise it will need to be sanitised
- Any food sampling is to be done with safe practices and all samples need to be given in sealed containers.
- Stallholders no camping until further notice in market area
- Stallholders exhibiting symptoms prior any market day should not attend the market until the symptoms dissipate and the affected person follows self-isolation or medical advice.
- Any stallholder that is not feeling well to notify the market office so as you can leave immediately

Please email us at sunmarket@cabooltureshow.com for all future bookings.

STALLHOLDERS NAME: _____

STALLHOLDER SIGNATURE: _____

DATE: _____



Caboolture Country Markets

ABN 80 010 107 623

PO Box 266

CABOOLTURE QLD 4510

0402 991 396

sunmarket@cabooltureshow.com

www.caboolturecountrymarkets.com.au

WAIVER, RELEASE AND ACKNOWLEDGEMENT FORM

NAME OF EVENT: Caboolture Country Markets

DATES/DURATION OF EVENT: 12 months commences from date of signature.

The Caboolture Country Markets are operated by and for the Caboolture and District P.A. and I. Association Limited (Caboolture Show Society) Hereby referred to as "The Society" in this document.

- A. In this Waiver, Release and Acknowledgment From "the Society" means and includes:
- (a) All Affiliated entities;
 - (b) Servants or agents of the Society and/or all affiliated entities;
 - (c) Employees of the Society and/or all affiliated entities;
 - (d) Members of the Society and/or all affiliated entities;
 - (e) Volunteers of the Society and/or all affiliated entities.

By participating in the Event:

1. I acknowledge that it is a condition of participating in the Event/Function that I do so at my own risk. I accept all risks and release the **Caboolture & District P.A. & I. Assn Ltd.** and any person or body directly or indirectly associated with the Event/Function, from claims, demands and proceedings arising out of or connected with my participation in the Event/Function and indemnify them against all liability for all injury, loss or damage to myself or my property arising out of or connected with my participation in the Event/Function. 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 the Event/Function that the Society and any person or body directly or indirectly associated with the Event/Function are absolved from all liability however arising for injury or damage to myself or my property howsoever caused arising out of participation in the Event/Function whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event/Function, or otherwise.
3. I acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.
4. I acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.



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5. I acknowledge that the society relies on the information provided by me and state that all such information is accurate and complete.
6. I acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to participate in the Event/Function 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 condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
7. I acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the Society and any person directly or indirectly associated with the Event/Function at all times. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Society and any person or body directly or indirectly associated with the Event/Function.
8. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event/Function, or otherwise.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature _____ **Date** _____ 2020

Print name in full _____

Work health and safety plan for COVID-19

Use this template to record how you and your workers will stay safe at work during the COVID-19 pandemic. This information will help your workers and others know exactly what to do and expect.

Refer to our guide, [Work health and safety during COVID-19](#) to assist in completing your plan.

You need to consult with your staff and their representatives to develop responses to the questions below—and other people who are relevant to reopening your business.

The COVID-19 pandemic is an evolving situation—review your plan regularly and make changes as required.

You do not need to send this plan to Workplace Health and Safety Queensland. However, you must complete and maintain your plan and make it available to our inspectors or other Queensland Government officials if they ask for it.

Business details

Business name:	Manager approval:	Worker representative consultation:
Division/group: Site #:		
Date completed:		
Date distributed:	Manager's name:	Worker representative's name:
Revision date:		

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	Describe what you will do	Who is responsible
<p>What checks and preparation have you done to know your business can re-open?</p>	<p>Consider: advice on www.Covid19.gov.au, checked condition of equipment and facilities, condition of perishable items, staff training</p> <p>Followed recommendations from QLD Health and Caboolture Markets/Caboolture ShowSociety guidelines for traders. Ensured all required PPE available and correct signage ready for placement.</p>	<p>Stallholder, staff (if any).</p>

	Describe what you will do	Who is responsible
<p>How will your business comply with social distancing requirements?</p>	<p>Consider: Signage at entry points, how are you restricting numbers within the premises, separating entry and exit.</p> <p>Ensured social distancing by placing floor or wall markings or signs to identify 1.5 metres distance between people for queues and waiting areas.</p> <p>Restrict numbers in stall in line with QLD Health regulations.</p>	<p>Stallholder</p>

	Describe what you will do	Who is responsible
<p>What extra measures is your business doing to keep customers/clients safe? (For example, cafes are now required to keep contact information of customers dining in.)</p>	<p>Consider: If you are a café or restaurant, how will you record and retain contact details for workers, clients and others who attend your business, records should be kept for 28 days.</p>	

	Describe what you will do	Who is responsible
<p>What measures have you put in place to keep workers safe?</p>	<p>Consider: Changing work processes to allow for social distancing, increased cleaning frequency, postponing or cancelling non-essential face to face gatherings, meetings or training, re-organising work schedules and rosters, considering alternative work arrangements where possible for workers considered at increased risk.</p> <p>Providing all required PPE, providing instruction in correct safe working procedures, limiting contact with customers.</p>	<p>Stallholder</p>

	Describe what you will do	Who is responsible
<p>How is your business complying with hygiene and cleaning requirements?</p>	<p>Consider: Instruction on how to practice good hygiene, maintaining quantities of soap for hand washing and detergent for cleaning, providing hand washing facilities for customers and patrons, reducing shared equipment and tools, ensuring frequently touched areas and surfaces are cleaned regularly with detergent, ensuring any surfaces used by clients/customers are cleaned between use, ensuring routine cleaning carried out in all areas of the workplace.</p> <p>Alcohol-based hand sanitiser at entry points , signs posted regarding practicing of proper hygiene, Ensureing minimal handling of staock by staff and customers, stock to be sanatised as and when required.</p>	<p>Stallholder</p>

	Describe what you will do	Who is responsible
<p>How is your business reviewing and monitoring work health and safety compliance?</p>	<p>Consider: review processes to ensure the measures in place are effective, review existing critical risks and whether work practice changes will affect current risk management, are any new critical risks introduced due to changes in worker numbers, work practices, what new risk controls are required?</p> <p>Schedule weekly review of processes, consult with staff, fellow stallholders and market management on effectiveness.</p>	<p>Stallholder</p>