Baldivis Equestrian & Pony Club Event Three 14th July 2019

Rider or parent (if under 18 yrs) name

_____

Email Address _____

PCAWA Member No.
PCAWA Open No. _____

Pony Club Age (as at 1/1/19) **Pony Club:** _____

Class No.	Riders Name	Horse Name	Pre entry Fees $15 per round
		Yard ($10 per horse)	
		Ground fee ($10 per horse) excl Baldivis Members	
		Ambulance levy ($5)	
		TOTAL	

Send Entry form and waiver to – sarah.weightman@health.wa.gov.au

Bank details; BSB 036-060

ACC 128991

EFT reference used (e.g. **SJ02smithj)**: _____

EFT receipt no _____

Name of Helper _____

Mobile contact number of Helper _____

Would you prefer your helper job (circle) before/during /after your riders classes?

Please **number** in order of preference*.

Canteen		Gear Check		Penciller	
Marshall		Arena Crew		Practice Jump steward/crew	
Set Up		Pack Up			

*Please note that the Organisers will try and accommodate preference but this may not be possible. First nominations received get priority.

If your helper does not report to the office or do their duty, the rider may be disqualified from any **future** event at Baldivis. Please do your duty as required.

With everyone's helper duty being completed the day runs quicker and there are happy riders, parents and horses!

The Baldivis Show Jumping Committee thank you all for your support!

PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)

PCAWA DISCLAIMER STATEMENT

CLUB NAME: **Baldivis Equestrian and Pony Club**

CLUB ADDRESS: **Lugg Road, Baldivis WA**

I acknowledge and agree as a condition of participating in any PC or PCAWA event that neither the Club/Coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENTS, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name Here	**Sign Here**	**Dated**
_____	_____	_____

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS:

I, _____ being the parent/guardian of the abovenamed, _____, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any PC or PCAWA EVENTS except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

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_____ _____

NAME (BLOCK LETTERS) SIGNED

DATED THIS _____ DAY OF _____ 2019