Open Unofficial Dressage Day

Sunday March 17th, 2019

Unofficial dressage open to all riders and breeds

Judge: Margaret Thwaites



Location: International Arena, State Equestrian Centre, Cathedral Avenue, Brigadoon

Tests (EA 2019):
Prep A (2013), Prelim 1A, Novice 2A,
Elementary 3A, Medium 4A,
Higher/other tests available on request
Only 30 tests spots on offer (8am-12.30pm)

Close of entries: Tuesday, 5th March, 2019

Canteen/ Coffee van facilities will be available.

All enquiries to Erica Stotter:

Email: treasurer@waaha.com.au

Phone: 0405 296 259

This Dressage Day is proudly presented by the West Australian Arabian Horse Association

Rules of Entry 1

| | s per rider & horse combination either s | | |
|---|---|---|------------------------------------|
| | orses' are eligible for. Horses and/or r e may not have their entries accepted. | | ting at an unsuitable level by the |
| | two tests are ridden at the same level, er may ride a horse on any day. | only the first test ridden wi | ll be counted towards any |
| Dressage rules as rules take preceden | per EA Australia, but specific show rule ce. | es (2109 WAAHA State Cha | ampionships) or AHSA related |
| Plaiting and formal | attire preferred. | | |
| Only 30 test spots | on offer. | | |
| Boots, bandages a entering your test. | nd bell boots may be worn during warr | n up but must be removed | pefore being gear checked and |
| WAAHA (Inc) reser | ves the right to cancel/modify the ever | nt without prior notice as the | ey see fit. |
| Draw will be availa | ole on www.cavalletti.com.au and ema | iled to all competitors by the | e Tuesday before the event. |
| Placings will be aw | arded to 6 th place in each level. | | |
| at the dressage, or a | ave been seen to have done your help at the WAAHA State Championships or per duties and test times will be alloca I riders must pay the \$25 helper fee. T | n the Friday, Saturday or Si ted to allow you to complet | unday, see below. e both. |
| seen to have done y | our helper duty. The helper duty may b | pe completed in Friday, Sat | urday or Sunday. |
| Helper Name | | Helper Phone number | |
| Helper email | | Halper bank details for helper duty refund | BSB: ACC: |
| Day: Friday: Set up of | indoor arena 5pm 🛚 | | l. |
| Day: Saturday Dut | y: Gate Marshall Morning/Afternoon | Tea for Judges/helpers (3 onl | y) 🗆 |
| Time: 8-10am 🛭 1 | 0 – 12pm □ 12 pm – 2pm □ 2 pm – 6 | end 🗆 | |
| Day: Sunday Duty: Gate Marshall ☐ Morning/Afternoon Tea for Judges/helpers (3 only) ☐ | | | |
| Dressage runner D C | ressage penciller Dressage Marshall/g | ear checker 🛚 | |
| Pack up at end of show | v (NB - time to be advised after timetable | completed) \square | |
| Time: 8-10am 🛭 1 | 0 – 12pm □ 12 pm – 2pm □ 2 pm – 6 | end \square | |
| Please circle and ı | number in priority order 1 to 3, the h | nelper duties and the time | es you can help for. |
| | | | |
| | | | |

Open Dressage Entry Form Sunday, 17th March 2019

| One horse/rider combination per entry form - Tests to be ridden are Equestrian Australia 2019 tests. | WAAHA Members \$20 per test | Non- Members \$30 per test |
|--|--------------------------------|-------------------------------|
| Prep A (2013) | | |
| Prelim 1A | | |
| Novice 2A | | |
| Elementary 3A | | |
| Medium 4A | | |
| Higher level tests | | |
| Ground fee (not applicable for EWA members) | \$15.00 | \$15.00 |
| SEC Levy | \$5 | \$5 |
| Registered Participant Fee ** | | \$10/person |
| Helper Duty Fee * Must be paid by all riders. Will be refunded after you have done your helper duty. | \$25 | \$25 |
| Total Payable | | |

All competitors must include a completed 2019 liability waiver form with entries; and proof of 2019 Membership to either AHSA, WAAHA, EWA, SHCWA or affiliate body or Registered participant form and fee. Anyone claiming EWA ground fee waiver MUST supply proof of EWA membership.

A maximum of 2 Dressage tests to be ridden per horse either same level or 1 level higher. If 2 tests are ridden at the same level the first test ridden will go towards placings.

Payment by bank deposit or money order only. No personal cheques accepted.

Payment Details: WAAHA BSB: 306 041 A/C: 4198099 Ref: DS & Last name

Postal entries to: WAAHA Treasurer Email entries to:

196 Bushmead Rd Hazelmere WA 6055 treasurer@waaha.com.au

| Rider Name | Horse Name | Reg. Number (if registered with AHSA) |
|---------------------------------|--|---|
| | | |
| Address | Contact Number | AHSA Membership Number If applicable |
| | | |
| Email | Minimum amount of time required between tests if riding two tests? | WAAHA Membership Number if applicable |
| | 15-30mins 30-60mins 60+mins | |
| EWA Member Number if Applicable | SHCWA Member Number if applicable | |
| | | |

Include pages 1, 2 and AHSA 2019 Liability waiver and proof of 2019 AHSA, WAAHA, EWA and/or SHCWA membership with email or postal entry form

Liability Declaration For Day Members At "Open Events" Only

The Arabian Horse Society of Australia Ltd

EVERY DAY MEMBER WHO WILL BE A HANDLER, RIDER, DRIVER, GROOM & ANYONE HANDLING A HORSE OR PONY MUST COMPLETE THIS DECLARATION.

OWNERS OF ALL REGISTERED ARABIANS AND ARABIAN DERIVATIVES MUST BE CURRENT FINANCIAL MEMBERS OF THE ARABIAN HORSE SOCIETY TO BE ELIGIBLE TO COMPETE.

"Open Event" shall mean a Non-Arabian event including Dressage, Hacking, Rider and Harness classes only, or otherwise agreed by the Arabian Horse Society of Australia Ltd.

Please tick one of the below boxes which applies to you:

| 100 | | the minimum limit of \$10,000,000 per occurrence. My membership / Policy |
|--------------------------|---|---|
| number is | s | and I have attached a photocopy of my Membership Card / Insurance Policy |
| / Certifica | ite of Currency as proof of this | s insurance. |
| cover so v GST) to co | vill complete the Application for over the cost of participation v | nd do not have a current Public Liability policy with a minimum of \$10,000,000 for Day Members and tender the appropriate fee of \$10.00 per day (including with this affiliate group for each day of this event. I am also aware that this cover does not extend to cover travel to and from this show. |

In consideration of your accepting my participation, I hereby undertake to indemnify the organising body against all claims, losses, suits and damages made against or suffered by the organising body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he / she is attending, riding, driving or otherwise handling any horse so entered or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be negligent shall be deemed to have been negligent for the purpose of any claim under this indemnity.

Further, I agree to abide by the Rules and Conditions and current Rule Book as laid down by the Arabian Horse Society of Australia Ltd and I or contained in any official show schedule and I also agree to abide by all of the showground rules regarding use of their centre and its facilities.

| Print Name: | Date: | |
|-------------|-----------------------|--|
| Signed: | Contact Phone Number: | |

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent / guardian with legal responsibility for this participant, acknowledge, understand and accept all of the above and consent and agree to his / her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

| Signature of Parent / | Guardian- | Date: |
|-----------------------|-----------|-------|
| | | |

Gow-Gates Insurance Brokers Pty Ltd Level 8, 491 Kent Street, Sydney, NSW, 2000 P:(02) 8267 9999 F: (02) 8267 9998 E: equestrianligowgates.com.au ABN 12 000 837 785 | AFSL 245432 EUU074_Arabians Liability Dec_FOR_020317





The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590



Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753 Postal Address: Post Office Box 415 RICHMOND NSW 2753 Telephone: 02 - 45775366 Fax: 02 - 45877509

Email: secretary@ahsa.asn.au Website: www.ahsa.asn.au

Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious INJURY or DEATH may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily.

I have read and agree to the "Waiver of Liability" above.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

| Accept the Terms & Conditions | | |
|-------------------------------|------|-------------------|
| Members Name(s) | | Membership Number |
| Signatory(en) for Membership | Date | |
| | Date | ii- |