

Southern Districts Working Equitation Club Inc.

Welcomes you to enter or attend our

Inaugural Three Phase Competition Sunday 22nd September 2019

At Magenup Equestrian Centre 302 De Haer Road, Wandi



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Open to Members and Non Members

Must have ANWEL Rider Levy Number



Come and join us for a spectacular day of Fun.
Prizes and Ribbons for all Levels
Rosette and prize for Champion of day

All levels catered for

Introductory

Preliminary Participant – Preliminary Competitor

Debutante W Participant – Debutante W Competitor

Debutante F Participant – Debutante F Competitor

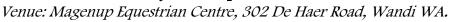
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Entry Form Available on SDWE website and Cavalletti.com or email <a href="mailto:SDWE.club@gmail.com">SDWE.club@gmail.com</a> Enquiries to Crissy Coletta 0417177482



#### SOUTHERN DISTRICTS WORKING EQUITATION Club Inc

## Inaugural Three Phase Competition Sunday 22<sup>nd</sup> September 2019





#### **Entry Form**

| Rider Name:                                                                                                      | Age If under 18:                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Guardian                                                                                                 | Ph:                                                                                                                                              |
| Rider Address:                                                                                                   | Ph:                                                                                                                                              |
|                                                                                                                  | Horse Name:                                                                                                                                      |
| Emergency Contact Name                                                                                           | Ph                                                                                                                                               |
| Rider ANWEL Levy Number                                                                                          | SDWE Member Yes/No                                                                                                                               |
| Level you                                                                                                        | wish to compete at (please check box for)                                                                                                        |
| Introductory Preliminary Particip Debutante W Partic Debutante F Particip The Dressage Test will be A.N.W.E. Wor | ipant Debutante W Competitor                                                                                                                     |
| All riders are required to do a helper du                                                                        | Helper Duty  Ity on the day please indicate if you will be self-help or are  y to do your helper duty. Helper duties will be allocated according |
| I will be doing my own helper duty<br>I will be bringing a support person who                                    | o is happy to do my helper duty                                                                                                                  |
| Name of Support Person:                                                                                          | Ph                                                                                                                                               |
| Address:                                                                                                         |                                                                                                                                                  |
| PAYMEN'T'                                                                                                        |                                                                                                                                                  |
| Member                                                                                                           | \$ 60                                                                                                                                            |
| Non Member                                                                                                       | \$ 80                                                                                                                                            |
| •                                                                                                                | Total \$                                                                                                                                         |

Entry fee to be paid into Southern Districts Working Equitation Club Inc. Account BSB 633 000 Account# 163 868 862

Closing date 9th September.

All riders who are not members of SDWE, including EWA members, need to complete a waiver Please email your Entry Form, Payment Receipt and Waiver to SDWE.club@gmail.com

Please acquaint yourselves with the NEW 2019 Rule books available at the Australian National Working Equitation Web site - www.anweltd.com.au

Gates are open from 5am - Office will be open from 7am Course Walk and Briefing with Judge begins at 8:30am Sharp

#### **CONDITIONS AND NOTICES**

 Southern Districts Working Equitation Competition on 22 September 2019 will be run under the new ANWEL Rules released in August 2019.

There are **2** Rule Books covering the 2 types of Divisions: Participant and Competitor. Riders need to access which level they are confident and comfortable competing their horse. <a href="https://anweltd.com.au/rule-book">https://anweltd.com.au/rule-book</a>

#### 10 Participant Levels

Participant division has been developed to ensure the correct training and progressive development of the horse to build confidence and harmony with the rider thereby encouraging a long and healthy career in the sport over all Phases. This division also encourages newcomers or novice riders, or experienced horses with inexperienced riders the opportunity to compete and develop the required skills and experience before committing to Competitor level competition.

Horses may start at any level move up and down as needed to gain confidence and experience. Once the horses and riders are competent it is expected they will move to the Competitor division. Once a horse moves to Competitor level it cannot move back to Participant Level without approval from the board.

- Refund will be given if horse or rider is unfit to compete on provision of a Medical of Vet certificate.
- Riders under 18 must be accompanied by a guardian.
- The Organising Committee reserve the right to cancel the event at any time due to weather or safety conditions at their discretion, full refunds will be given.
- The Organising Committee reserves the right to schedule rider order at their discretion as per ANWE rule 3.4.
- Disclaimer: SDWE Inc and its Committee, Judges and Officials accept NO liability WHATSOEVER for any accident, loss, damage, illness or injury to horses, owners, riders, spectators or any other person or property. Entry to the grounds is at your own risk and the EWA Waiver of Liability form must be signed by all non-SDWE entrants (including EWA members) prior to participation.
- Helmets are compulsory as per EA standards.
- Attire and Tack as per the ANWE Rule book
- ANWE rule 3.9, rider must have a current Rider Levy number to compete. Numbers are available on Nominate under clubs. Please see video on SDWE FB page on how to obtain the Rider Levy number.
- Minimum age for entry to this event is 16 yrs
- Canteen will be available on the day.
- Chief Judges Decision is final.
- No Dogs are permitted at these grounds
- Please clean your yards and place manure and hay in the pits provided. Please do not put manure around trees as it kills them.

Any Questions contact Crissy 0417 177482



# EQUESTRIAN AUSTRALIA LIMITED RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Southern Districts Working Equitation Club Inc 302 De Haer Rd Wandi, WA Inaugural Three Phase Competition 22 September 2019

(hereafter referred to as "EVENT(S)")

**NOTE:** the Competition & Consumer Act 2010 ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

- 1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
- 2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the club/coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE OF THE RELEASEES OR OTHERWISE.
- 4. HEREBY ASSUMES FULL RESPONSIBILTY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
- 5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES OR OTHERWISE.
- 6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENCE RESCUE

OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

| BY SIGNING HEREUNDER I CONFIRM HAVING DISCLAIMER.                                                                                                                                                                                                                                                                                                                                                                        | READ AND UNDERSTOOD THE CONTENTS OF THIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| NAME (BLOCK LETTERS)                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
| PARENT/GUARDIAN CONSENT FOR UNDER 1                                                                                                                                                                                                                                                                                                                                                                                      | 8 YEAR OLD PARTICIPANTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                          | confirm that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| the activity which the above named, will participating. In doing so, I acknowledge that causing death, bodily injury, disability and pre the Branch, club/coach, participants, EA and volunteers, medical personnel, any persons premises used to conduct the EVENT(S) shall bodily injury, loss or damage which may be seeing present at any activity conducted by, abovenamed or I may have arising under legislation) | ave taken all necessary actions to ensure I am aware be asked to participate in and consent to him/h t equestrian activities are dangerous and that acciden operty damage can and do happen. I agree that neith d its state bodies, or any subdivision thereof, official promoters, sponsors, advertisers, owners and lessees I be under any liability whatsoever for the death or assuffered or incurred by the abovenamed or by me in or on behalf of the BRANCH except for any rights that the Competition & Consumer Act (Cth) (or similar | er<br>its<br>er<br>ls,<br>of<br>ny<br>or |
| By signing hereunder I confirm having read a                                                                                                                                                                                                                                                                                                                                                                             | nd understood the contents of this disclaimer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
| NAME (BLOCK LETTERS)                                                                                                                                                                                                                                                                                                                                                                                                     | <del>_</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |