

## Saturday 23 March 2019 2018/19 WABA State Championship & Futurities

Post to: WABA Show Secretary P O Box 333 Gosnells WA 6990. Cheques payable to WABA Inc. Email to: wabuckskinsass@gmail.com M:0423113972 <u>Direct credit details below</u>

Please use one entry sheet per horse. Entry fee \$10.00 per class or \$50.00 day fee led. Ridden \$10 per class Non WABA Members <u>must</u> pay One Activity Membership\*\* \$25.00 <u>Direct credit payments.</u> WABA A/C: Bendigo BSB/A/C No: 633000-125658724

ENTRIES CLOSE: Firday 15 March 2019

Posted entries post marked up to 15/3/18 must be received by Wednesday 20/3 or they will not be accepted. Emailed entry:- sent after 15/3 will be accepted with a \$20 late fee up until 20/3 No entries on the day.

Horses NameWABA Reg. number		WABA Reg. number			
Address	j	Post Code			
PhoneEmail					
Class No	Class Description	Handlers Name: All competitors must be members or pay OAM . All Handlers must sign the Member Dangerous Activity Acknowledgement and Waiver of Liability	Fee		
	-				
		Total			
			Φ.		
		Total Entry Fees			
If 3 or more horses entered 20% discount on entry fees only					
Sub Total					
Non Member - One Activity Membership \$25.00					
Ground fee \$15.00 per horse per day. Total					
	Grand	l Total of all horses entered	\$		

<sup>\*\*</sup>Insurance cover included in WABA Membership or the One Activity Membership cover, is for 'Liability Insurance' only, <u>not</u> 'Personal Accident Insurance' and gives limited protection under the Associations Liability Insurance as an EA Affiliated Club through Gow-Gates. The Certificate of Currency which outlines insurance cover can be viewed at the Office on the day of the Show.

	(	Consecutive Entries—Form				
Horses NameRegistration Number						
Owners	s Name					
Class No	Class Description	Handlers Name: If not the owner	Fee			
			Total			
			Total			
Horses I	Name	Registration Numb	er			
Class	Class Description	Handlers Name:	Fee			
No	Class Description	If not the owner	166			

Total



## Member Dangerous Activity Acknowledgement and Waiver of Liability

This form must be submitted with entries and signed by all drivers, handlers & riders.

## WABA State Championships & Futurities Saturday 23 March 2019.

At Karinya Equestrian Centre Grant St Orange Grove

Full Name of participant ( and guardian if under 18 years)						
City	Post Cod	deDate of Birth				
Phone		Membership No				
In consideration for being permit undersigned, understand, acknow	ted to participate in any way in horse sport act vledge and accept that:	tivities, I, the				
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 <b>INJURY</b> or <b>DEATH</b> 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 <b>CANCELLATION</b> of my participation in the activities and my immediate removal from my horse <b>NO MATTER</b> 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 EA and FEI rules and regulations.						
I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.						
Effect of this Document:						
I understand that my signature to this document constitutes a complete and unconditional release of all liability against the Western Australian Buckskin Association Incorporated, all of its officials, volunteers, members and any affiliated club, to the greatest extent allowed by the law in the event of me and/or anyone under my care suffer injury or death.						
Dated/	Signature of Participant					
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 my minor child's involvement or participation in horse sport activity.						
Dated/	Signature of Parent/Guardian					