Entry Form

Entries Close: 11th June 2021 E: secretary.whswa@gmail.com

Name: _____

Address: _____

Phone / Mobile: _____

Email: _____ **WHSWA Member: Yes**_____ **No:** _____

Early Entry Draw

Complete and submit your entry by the 31st May 2021 and go into the draw to win all of your entry fees back

(excluding $20 cleaning bond and $40 non-members insurance).

Class Name	Name of Horse	Name of Handler/Driver	Fee

Total Harness Classes	$
Insurance $40 (non WHSWA members)	$
Ground Fee $15 per Horse	$
Camping Fee $20.00	$
TOTAL FEES	**$**

Payment can either be made by EFT to
Farm Challenge Fun Day
BSB: 806 015
Account: 019 143 30
Please include proof of payment with your entry

Please Email/post all entry forms to:
E: secretary.whswa@gmail.com
Farm Challenge Fun Day
6 Wallace Street
BELMONT WA 6104

Working Horse Society
Western Australia

Entry Form – Checklist

Entries Close: 11th June 2021 E: secretary.whswa@gmail.com
(no entries on the day)

FEES		
Class Fees	WHSWA Member $10.00 per class	Non-members $15.00 per class
Insurance	WHSWA Member Free Non-members $40.00	

If you have any questions regarding the program or your entry, please contact
Aleesia Smith secretary.whswa@gmail.com

Have you completed all the necessary details? Please tick and Check

List	Please tick
One entry form per horse	
Medical form (members & non-members)	
Indemnity & Privacy Disclosure Statement (members & non-members)	
Non-Member Application & Release of Waiver of Liability Page 1 Page 2	
Application for Casual Participant Day Insurance (non –members)	
Junior Competitors/Participant Indemnity Form (members & non-members)	

I acknowledge that my entry forms and the details are correct to the best of my knowledge. I agree to abide by the judge's decision and accept his/ her decision as final. As a participant at Farm Challenge Fun Day, I agree to be bound by the constitution, rules & policies of the Working Horse Society of Western Australia. I will also abide by the instructions and decisions of an authorised WHSWA Safety Officer or representative at the event

Signature: _____ **Date:** _____

If the participant/exhibitor is under the age of 18 years then the Parent or Legal Guardian must sign

Legal Guardian Name: _____ **Signature:** _____

MEDICAL DECLARATION FORM

Working Horse Society Western Australia

Please complete the following details

Event: ___Farm Challenge Fun Day_____

Location: Northam Equestrian Park_____

Date: ____27th June 2021_____

Name: _____

Address: _____

Date of Birth: _____

Phone /Mobile: _____ **Email:** _____

Next of Kin: _____**Relationship:** _____

Phone / Mobile: _____

I am currently taking medication Yes ☐ **No** ☐

Please list the details of any medication you are taking

_____

_____

_____

Please list any allergies that you have e.g. allergies to food, bees, medication etc

_____

_____

_____

Please list any medical conditions or disabilities that you have that we need to be aware of in case of an emergency

_____

_____

_____

I hereby authorise the Working Horse Society of Western Australia and its representatives to deliver and authorise any medical or other care deemed necessary for my well-being during a WHSWA event. I hereby agree to release and hold harmless the WHSWA and its representatives and agree not to sue the WHSWA and its representatives with respect to any injury, illness, disability or death caused by any medical treatment delivered or authorised by these parties. I agree to pay for any costs incurred for medical treatment I receive. I give my permission for my medical details to be disclosed to a third party should there by a medical emergency where the disclosure of this information is required.

Signature: _____ **Date:** _____

If the participant/exhibitor is under the age of 18 years then the Parent or Legal Guardian must sign

Legal Guardian Name: _____ **Signature:** _____

Please note that the information that you provide to us will be kept strictly confidential and will only be disclosed to another party in the event or a medical emergency or other event.

Indemnity & Privacy Disclosure Statement Form

Working Horse Society of Western Australia Inc.

Please complete the following details

Event: ___Farm Challenge Fun Day_____

Location: Northam Equestrian Park_____

Date: ____27th June 2021_____

Name: _____

Address: _____

Date of Birth: _____

Phone /Mobile: _____ **Email:** _____

Indemnity

I agree and consent to being a participant in the above event. I acknowledge that any horse related activity or sport is a dangerous activity. I also agree to release, discharge and to hold to Working Horse Society of Western Australia Incorporated harmless for any accidents, harm, loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of myself and arising out of or in any way connected to the above event.
I also agree and guarantee not to sue the Working Horse Society of Western Australia Incorporated or any of its committee members, financial members, associates, volunteers and contractors with regard to any incident involving any accidents, harm, loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of myself and arising out of or in any way connected to the above event. In signing this form, I hereby waive my rights to sue.
By signing below, you are agreeing to the above Indemnity Statement

Privacy Disclosure Statement

The Working Horse Society of Western Australia Incorporated collects your personal information in the process of running its shows and events and for related purposes such as promoting the event and insurance cover and claims. Your information may be disclosed to third parties such as service providers and other organisations who help to administer events and shows. These may include medical personnel, Ambulance Officers, Health care providers, Insurance providers, other related Societies or organisations. Your information may also be disclosed if required by law.
The Working Horse Society of Western Australia Incorporated may also use your information to advise you about other events, shows and information that may interest you. Please tick the box if you do not wish to receive this information.
You have certain rights to access personal information that we hold about you. To find out about this or to find out about our privacy practices please contact the WHSWA Secretary on secretary.whswa@gmail.com
By signing below, you are agreeing to the above Privacy Disclosure Statement

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Name: _____ **Age:** _____ **Date of Birth:** _____

Signature: _____

If the participant/exhibitor is under the age of 18 years then the Parent or Legal Guardian must sign

Legal Guardian Name: _____ **Signature:** _____

Working Horse Society
Western Australia

Horse Sports are a Dangerous Activity

Non-Member Application & Release of Waiver of Liability

Page 1

Full Name of Participant.....

Address.....

State..... Post Code.....

Date of birth.....

Horse's name .....

Event/Activity ..... Date of Event/Activity .....

Address of Event/Activity .....

Name of affiliate holding Event/Activity .....

Please ensure the following warning notices are read prior to completion.

South Australia

Your rights:

Under sections 60 and 61 of the *Australian Consumer Law (SA)*, if a person in trade or commerce supplies you with services (including recreational services[1]), there is a statutory guarantee that those services will be rendered with due care and skill; and a statutory guarantee that those services, and any product resulting from those services, will be reasonably fit for the purpose for which the services are being acquired (as long as that purpose is made known to the supplier); and a statutory guarantee that those services, and any product resulting from those services, will be of such a nature, and quality, state or condition, that they might reasonably be expected to achieve the result that the consumer wishes to achieve (as long as that wish is made known to the supplier or a person with whom negotiations have been conducted in relation to the acquisition of the services).

Excluding, restricting or modifying your rights:

Under section 42 of the *Fair-Trading Act 1987,* the supplier of recreational services is entitled to ask you to agree to exclude, restrict or modify his or her liability for any personal injury suffered by you or another person for whom or on whose behalf you are acquiring the services (a ***third-party consumer)***. If you sign this form, you will be agreeing to exclude, restrict or modify the supplier's liability with the result that compensation may not be payable if you or the third-party consumer suffer personal injury[2].

Important

You do not have to agree to exclude, restrict or modify your rights by signing this form. The supplier may refuse to provide you with the services if you do not agree to exclude, restrict or modify your rights by signing this form. Even if you sign this form, you may still have further legal rights against the supplier. A child under the age of 18 cannot legally agree to exclude, restrict or modify his or her rights. A parent or guardian of a child who acquires recreational services for the child cannot legally agree to exclude, restrict or modify the child's rights.

Definitions

1 ***Recreational service*** are services that consist of participation in—

- a sporting activity or similar leisure-time pursuit; or
- any other activity that involves a significant degree of physical exertion or risk and is undertaken for the purposes of recreation, enjoyment or leisure.

2 ***Personal injury*** is bodily injury and includes mental and nervous shock and death.

Further information:

Further information about your rights can be found at www.ocba.sa.gov.au

Victoria

WARNING UNDER THE FAIR-TRADING ACT 1999

Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are rendered with due care and skill; and are reasonably fit for any purpose which you, either expressly or by implication, make known to the supplier; and might reasonably be expected to achieve any result you have made known to the supplier. Under section 32N of the Fair-Trading Act 1999, the supplier is entitled to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the Fair-Trading Act 1999 if you are killed or injured because the services provided were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. Gross negligence is defined in the Fair Trading (Recreational Services) Regulations 2004.

Australian Capital Territory

Under the *Civil Law (Wrongs) Act 2002,* an equine professional is not liable for injury to, or the death of, a participant in an equine activity that results from an inherent risk of the activity. This is subject to limitations set out in the Act.

Working Horse Society
Western Australia

Horse Sports are a Dangerous Activity
Non-Member Application & Release of Waiver of Liability
Page 2

Supplier of recreational service:

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

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

There is significant risk that serious INJURY or DEATH may result from horse sport activities and in particular this activity/event.

I/we confirm the Recreational Service Supplier has explained this document to me/us and I/we am/are aware of the implications, intent and effect of agreeing to and signing the document. I/we furthermore confirm I/we am/are aware of the obvious risks associated with activities involving horses and I/we knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Recreational Service Supplier (hereafter referred to as the "Releases") or others and I/we voluntarily PARTICIPATE at my/our OWN RISK and assume sole responsibility for any injury, death or property damage I/we may suffer that arises from my/our participation in horse sport activities.

I/we understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs before and during the activity and I/we take full responsibility for any injury, loss or damage associated with their consumption. I/we agree not to drink alcohol or take drugs prohibited by law before or during this activity/event.

I/we agree to follow the directions given to me and that any misconduct or refusal by me to follow any direction can result in the CANCELLATION of participation in the activity and my/our immediate removal from any horse NO MATTER where that may occur. I/we understand that any such non-compliance may result in injury, death and/or permanent disability and I/we agree to indemnify the Releases against all claims made by any person as a result of my/our failure to comply.

I/we agree to wear a helmet at all times whilst riding and agree that I/we am/are solely responsible for ensuring that I/we wear a suitable helmet at all times and take sole responsibility for my/our actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE the Recreational Service Supplier, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Agreement to exclude, restrict or modify your rights:

I/we agree that the liability of the above-named Supplier for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is completely and unconditionally —

(a) excluded;

I/we have had sufficient opportunity to read this release of liability and assumption of risk agreement or where required, explained to me/us, fully understand its terms, understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily without inducement, undue pressure or influence of any kind.

Signature of Participant: _____ **Dated:** _____

Name and address of Participant _____

_____

Signature of witness: _____ **Dated:** _____

Name and address of witness: _____

If the participant/exhibitor is under the age of 18 years then the Parent or Legal Guardian must sign

Legal Guardian Name: _____

Signature _____

Application for Casual Participant Day Insurance

(Adults and Junior Exhibitors/ Participant)

Working Horse Society of Western Australia Inc.

Farm Challenge Fun Day

27th June 2021

Casual Participant Day Insurance Fee: $40.00

Please complete the following details:

Name: _____

Address: _____

Date of Birth: _____

Phone/Mobile number: _____

Email: _____

I am a non – member of the Working Horse Society of Western Australia Incorporated (WHSWA) and wish to participate in the above event.
I therefore am applying for Casual Participant Day Insurance. I understand that payment of this fee is required for insurance cover and does not entitle me to membership of the WHSWA.
I am aware that I may use the Casual Participant Day Insurance twice in one financial year, then full membership becomes payable. Full membership of the WHSWA falls on the 1st July each year.

Full membership can be applied for by contacting the WHSWA secretary on secretary.whswa@gmail.com for a Membership Application Form, then submitting this form together with the required membership fee.

I agree to abide by all decisions of the WHSWA in relation to all matters arising out of or in connection with each event I participate in, including the WHSWA Constitution and its policies and procedures.

I enclose the fee of $40.00 (including gst) which covers Casual Participant Day Insurance for the entire event (27th June 2021)

I, as the above participant agree to the above statement

Name: _____ **Age:** _____ **Date of Birth:** _____

Signature: _____

If the participant/exhibitor is under the age of 18 years then the Parent or Legal Guardian must sign

Legal Guardian Name: _____

Signature _____

Working Horse Society
Western Australia

Junior Competitors/Participant Indemnity Form

Applicable for all competitors/participants under the age of 18 years
Working Horse Society of Western Australia Inc.
Please complete the following details

Event: ___Farm Challenge Fun Day_____

Location: Northam Equestrian Park_____

Date: ____27th June 2021_____

Name of Junior: _____

Address: _____

Date of Birth: _____**Age:** _____

Phone/ Mobile: _____**Email:** _____

Name of Parent/Legal Guardian: _____

Address: _____

Relationship: _____**Age:** _____

Phone /Mobile: _____**Email:** _____

I agree and consent to my child/ward to participate in the above Working Horse Society of Western Australia Incorporated (WHSWA) event. I hereby agree to release, discharge and hold the WHSWA harmless for any harmless for any accidents, harm and/or loss which my child/ward may suffer or that I may suffer as a result of my child/ward participating in the above event.

In addition, I also agree to indemnify the WHSWA and its servants, members, committee, volunteers and agents for any loss, demands, expenses, claims, actions and suits brought for and on behalf of my child/ward and arising out of or in any way connected to the above event.

I authorise the Working Horse Society of Western Australia Incorporated (WHSWA) to obtain any medical or hospital treatment that in its opinion may be required for my child/ward. I agree that this indemnity shall extend to the decision of the WHSWA to obtain or administer such medical treatment and I further agree to meeting and paying the costs of any treatment.

I have listed any known medical conditions for my child/ward and any medications that my child/ward is taking below.
In the event of their being a situation where medical assistance is required, I consent to these details being made available to the relevant medical authorities/practitioners. I understand that these details will be recorded and kept in a confidential manner

Medical Conditions: _____

Allergies: _____

Medication: _____

Legal Guardian Name: _____

Signature: _____