

NORTHAM AGRICULTURAL SOCIETY SHOW	
For all inquiries contact: Sue Britza 0429461392- Email: msbritza@bigpond.com	
Hacking & Show Jumping Entry Form -PLEASE PRINT CLEARLY	
NAME OF EXHIBITOR _____	TEL NO _____
ADDRESSP/C.....	
Email: _____	
ENTRIES CLOSE. Friday 3rd September 2021	
“OFF THE TRACK”- Please provide Passport Number were indicated	
Note. All OFFICIAL HACK entries to have photocopies of ALL Registrations and Height Certificates (eg; E.A. - Hack Council.)	

HACKING Passport number

CLASS	OFF THE TRACK	RIDERS NAME	HORSES NAME	HEIGHT	ENTRY FEE
				TOTAL HACKING FEES	

SHOWJUMPING Passport number

CLASS	OFF THE TRACK	RIDERS NAME	EA No.	HORSES NAME	EA Reg.	ENTRY FEE
				EA SHOWJUMPING LEVY \$4 per CLASS MAX \$25		
				TOTAL SHOWJUMPING FEES		

SHOW GROUND FEE \$5.00 per HORSE	
HACKING FEES	
SHOW JUMPING FEES and LEVIES (@ \$4 per class)	
DAY MEMBERSHIP (If required)	
TOTAL ENTRY FEES	

Please indicate membership:

1. Equestrian WA_____PCWA_____
2. Northam Agricultural Society - Full Member or Day member \$20 (Circle)
3. Personal Insurance_____

“OFF THE TRACK”

OTT Passport Number _____

All Banking Details as follows:

BSB: 066524 Account Number: 10199730

Cheques to: Northam Agricultural Society

Email Entries to: msbritza@bigpond.com

Include your Bank Reference if emailed

ALL BANKING ENTRIES MUST HAVE REFERENCE OF “Your Name” + Equestrian

Entry forms must be received by the Show Secretary, PO Box 226, Northam, 6401 by the 3rd September 2021. OR-= Email Entries: msbritza@bigpond.com
Include Bank Reference TO: 066524-10199730

DISCLAIMER STATEMENT- For HACKING-SHOWJUMPING AND BREED

DISCLAIMER FORM MUST BE COMPLETED

Name.....Address
.....
Phone Email addressMobile.....
Contact in case of emergency.....Phone
Date of Birth (if under 18)
Name of Guardian (if under 18years)

I agree to abide by the rules as set out by the Northam Agricultural Society Inc. and the Equestrian Australia (2021) whilst on the grounds designated by the Northam Agricultural Society and whilst participating in all activities officiated by the Northam Agricultural Society.

I, _____, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity in which the above mentioned will participate at the 2021 Northam Agricultural Show and consent to him/her/me participating. In doing so, I acknowledge that Equestrian activities are dangerous and that accidents causing death, injury, disability and property damage do occur, I acknowledge and agree as a condition of participating at the 2021 Northam Agricultural Show that neither the Northam Agricultural Society Inc., its officials, employees and agents, participants, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, nor owners or lessees of premises used to conduct the EVENT(S) shall be under any liability for either my death or the death of any rider, driver, passenger, attendant or any other participant for whom I am responsible or for any injury, loss or damage which may be sustained or occurred by me or any rider, driver, passenger, attendant or any other participant for whom I am responsible, as a result of participation in or being present at the Northam Agricultural Show

By signing hereunder I confirm I have read and understood the contents of this Disclaimer together with the Rules & Regulations by which I agree to abide.

Name: (Print) _____ Signature: _____
Dated this: _____ day of _____ 2021

I understand that my signature to this document constitutes a complete and unconditional release of all liability the Equestrian Australia Ltd including all its state bodies, coaches and affiliated clubs, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

PARTICIPANTS 17 YEARS OF AGE and UNDER.

Before signing this disclaimer, please read Rules & Regulations in the schedule.

PARENT /GUARDIAN CONSENT for EXHIBITORS, RIDERS, DRIVERS, PASSENGERS, ATTENDANTS and ANY OTHER PARTICIPANTS 17 YEARS OF AGE and UNDER.

I, _____ being the Parent /guardian-for above name _____

Signed _____ Date _____

INSURANCE: For Insurance purposes, ALL competitors/Riders competing at this show/event MUST be covered for personal liability Insurance either as members of Equestrian WA, PCWA, Northam Agricultural Society OR personal indemnity Insurance. —See Entry Form

All Banking Details as follows: BSB: 066524 Account Number: 10199730
Cheques to: Northam Agricultural Society—OR--Email entries to: msbritza@bigpond.com
Include Bank Reference on your entry

ALL BANKING ENTRIES MUST HAVE REFERENCE OF “Your Name” + Equestrian

NO HAY PERMITTED ON GROUND

Breed Coordinator: Kirsty Hanley 0407 427 483--hanley.85@hotmail.com

BREED Entry Form -PLEASE PRINT CLEARLY

NAME OF EXHIBITOR _____ TEL NO _____
ADDRESS _____ P/C _____

ENTRIES CLOSE. Friday 3rd September 2021

NO FEES ~NO ENTRY!

Note. All entries to have photocopy of ALL registrations including passports for OTT horses

Note: All entries to have photocopy of their registrations including passport for Off the Track				
CLASS	NAME OF HORSE	RIDER EXHIBITOR	REG NO.	FEE
Off the Track Passport Number		Ground Fee \$5.00 per horse		\$
		TOTAL FEE ENCLOSED		\$

CONDITION OF ENTRY	
I /we..... do hereby certify that the above are correct & I agree to conform and be bound by the By-Laws & Regulations as printed in this schedule for the Northam Agricultural Society Show & make these entries subject to By-Laws & the Uniform By-Laws made under the Royal Agricultural Society 1926	
Signature.....	Date _____
<i>(If under 18yrs must be signed by Parent / Guardian)</i>	

All Banking Details as follows:
BSB: 066-524 Account Number: 10199730
Cheques to: Northam Agricultural Society
Email entries to: hanley.85@hotmail.com
Include BSB Payment Details
ALL BANKING ENTRIES MUST HAVE
REFERENCE OF “Your Name” + Equestrian

Entry forms must be received by the Show Secretary, PO Box 226, Northam, 6401 by the 3rd September