



# **FRIESIAN WARMBLOOD RIDDEN GALA**

FEATURING FRIESIAN, BAROQUE &  
UNIQUE BREEDS

APRIL  
**30**  
2022

8.30AM | SATURDAY

JUDGES:  
MATTHEW DALY & SHARI LINDO

SERPENTINE  
HORSE & PONY CLUB

## Official Event Photographer is Vicki Photos Coffee/Food TBA

### Conditions of Entry

1. The organisers shall not be liable for any financial loss or damage, physical injury or property damage suffered by any exhibitor/spectator with respect to any property/exhibit being exhibited by him/her or any other exhibitor, whether caused by or attributed to the negligence of the Associations or any of its servants or agents. The Associations shall not be held responsible for any accident that may be caused by an exhibitor or spectator.
2. All Friesian Warmblood owners must be a financial member for 2022 and all horses must be registered with the Australian Friesian Warmblood Horse Society. Horses entered under a breed must be registered with their respective breed associations (AFHS, etc).
3. **A signed Disclaimer MUST Accompany the Entry Form and is compulsory for all owners/riders. A non-member levy also applies to those not members to the AFWHS Inc or EWA. The fee is \$10 per handler/rider that is not a current financial member. AFWHS Inc entrants MUST be CURRENT FINANCIAL members to compete.**
4. Incorrect or incomplete entries and/or insufficient payment will result in entries being returned for correction and must be returned to the Organising Committee by the close of entries or late penalties will apply. The Organising Committee reserves the right to refuse/cancel or accept conditionally any entry.
5. Horses date of birth will be calculated from the 1st of August
6. The use of prohibited or performance enhancing substances is not permitted under any circumstances. Horses may be swabbed randomly. Positive results will be subject to penalties as per EWA guidelines.
7. The Judge's decision is final and discussion will NOT be entered into.
8. All ridden horses MUST be a minimum of 4yrs of age.
9. Unruly, dangerous or diseased exhibits may be asked to leave the ring or grounds.
10. Stallions are permitted to enter ring 1 and Ring 2; they must be registered with the AFWHS Inc. or their respective breed association. All ground handler and riders of any stallion must be over 18 years. Correct head gear and green discs are required on all stallions.
11. Safety Standard Approved current helmets MUST be worn at all times while mounted. Standard of Dress: normal hacking attire, **Jackets optional but preferred**. Competitors inappropriately dressed may be asked to leave the ring by the Judge or Organising Committee.
12. No refunds will be given unless accompanied by a vet or medical certificate. Full refund, minus a \$10 processing fee, will be provided upon receipt of vet or medical certificate. If under Covid-19 close contact or Covid-19 positive, the same applies, with proof required.
13. Newcomer classes will be run under the same rules as EWA Newcomer events. Horses must be in their first year of ridden competition.
14. The show organisers reserve the right to divide or combine classes, based on entries.
15. A compulsory ground fee of \$20 per horse applies for all horses on the grounds. If not entered to compete, prior approval from the organising committee is required.
16. Pre-entry preferred, closing 25th April 2022, unless capacity is reached prior. Where eligible, entries accepted on the day for an additional \$10. Please advise no later than Thursday, 28th April if you intend to enter on the day.
17. A copy of your Memberships and Horse Registrations are required as part of your entry for AFWHS and AFHS entrants. Your entry will NOT be accepted without this information included.
18. To be eligible for Best Performed awards in Ring 2, proof of breed registration and current breed society membership must be included with your entry.
19. No horses may be ridden on the grounds unless entered to compete, without prior approval. Fees will apply if approved.
20. All horses must be ridden in a snaffle bridle for walk/trot classes. A double may be accepted only for Open classes.
21. **All rings will have their entries capped to 20 horses per section. Once a section achieves 20 entries, it will be closed for entries. We apologise for any inconvenience this may cause, however we have safety as our first priority. We will update the official Facebook event page if/when a section has reached capacity.**

**Ring 1**      *Friesian Warmblood*

**Ring 2**      *Friesian & Other Baroque and Unique Breeds*

# SPONSORS

*Please be sure to thank all of our wonderful sponsors.*

*Without them, we don't get to offer you so many amazing prizes.*



ERENA BARNES

LEAH BAYFIELD

CATHY CROSLAND



Judge: **Matthew Daly**

## **Friesian Warmblood - Ring 1**

Start: 8.30am

(WALK/TROT/CANTER)

1. Smartest On Parade
2. Rider- 17 years and under
3. Rider- 18 to 29 years
4. Rider- 30 years to 39 years
5. Rider 40 years and over

### **Champion and Reserve Rider**

(winner of Classes 2 to 5 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve)

**SECTION SPONSOR: MARLYN PARK EQUESTRIAN, KELLY THOMAS-ENJOPRENEUR, FIRST BIT EQUINE**

6. Ridden Friesian Warmblood- up to and inc. 15h
7. Ridden Friesian Warmblood- Over 15h up to and inc 16h
8. Ridden Friesian Warmblood- Over 16h
9. Lightweight Friesian Warmblood (up to 39.99%)- all heights
10. Medium Weight Friesian Warmblood (40-69.99%)-all heights
11. Heavy Weight Friesian Warmblood (70% and over)- all heights
12. Pleasure- Up to and inc 15.2h
13. Pleasure- Over 15.2h
14. Ladies Ridden- up to and inc 15.2h
15. Ladies Ridden- over 15.2h
16. Gents Ridden
17. Newcomer Friesian Warmblood- all heights

### **Champion and Reserve Friesian Warmblood Open**

**(and Encouragement Award)** (winner of Classes 5 to 17 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve.

*Note: it's at the Judge's discretion to call all riders back in for the encouragement award).*

**SECTION SPONSOR: STELLA EQUESTRIAN, KELLY THOMAS-ENJOPRENEUR, AFWHS INC, ERENA BARNES, CATHY CROSLAND**

*Break- (of not less than 30 minutes)*

(WALK/TROT)

18. Smartest On Parade
19. Rider- 17 years and under
20. Rider- 18 to 29 years
21. Rider- 30 years to 39 years
22. Rider 40 years and over

### **Champion and Reserve Rider**

(winner of Classes 19 to 22 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve)

**SECTION SPONSORS: MARLYN PARK EQUESTRIAN, KELLY THOMAS-ENJOPRENEUR, FIRST BIT EQUINE**

23. Ridden Friesian Warmblood- up to and inc. 15h
24. Ridden Friesian Warmblood- Over 15h up to and inc 16h
25. Ridden Friesian Warmblood- Over 16h
26. Lightweight Friesian Warmblood (up to 39.99%)- all heights
27. Medium Weight Friesian Warmblood (40-69.99%)-all heights
28. Heavy Weight Friesian Warmblood (70% and over)- all heights
29. Pleasure- Up to and inc 15.2h
30. Pleasure- Over 15.2h
31. Ladies Ridden- up to and inc 15.2h
32. Ladies Ridden- over 15.2h
33. Gents Ridden
34. Newcomer Friesian Warmblood- all heights

### **Champion and Reserve Friesian Warmblood Walk/Trot**

**(and Encouragement Award)** (winner of Classes 23 to 34 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve.

*Note: it's at the Judge's discretion to call all riders back in for the encouragement award).*

**SECTION SPONSORS: BRICK & MORTAR RESTORATION, AFWHS INC, KELLY THOMAS-ENJOPRENEUR, EXECUTIVE CONVEYANCING SERVICES, ERENA BARNES**



## **Friesian and Baroque & Unique Breeds- Ring 2**

Judge: **Shari Lindo**

Start: 8.30am

**FRIESIAN (WALK/TROT/CANTER)**

- 35. Smartest On Parade
- 36. Rider- 17 years and under
- 37. Rider- 18 to 29 years
- 38. Rider- 30 years to 39 years
- 39. Rider 40 years and over

### **Champion and Reserve Rider**

(winner of Classes 36 to 39 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve)

**SECTION SPONSORS: AFHS, MARLYN PARK EQUESTRIAN, HKL EQUINE THERAPY**

- 40. Ridden Friesian- up to and inc 16h
- 41. Ridden Friesian- Over 16h
- 42. Ridden Male- all ages
- 43. Ridden Female- all ages
- 44. Pleasure- up to and inc 16h
- 45. Pleasure- Over 16h
- 46. Ladies Ridden
- 47. Gents Ridden
- 48. Newcomer Friesian- all heights

### **Champion and Reserve Friesian**

**(and Encouragement Award)** (winner of Classes 40 to 48 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve.

*Note: it's at the Judge's discretion to call all riders back in for the encouragement award).*

**SECTION SPONSORS: AFHS, SANDGATE FARM, FIRST BIT EQUINE, LEAH BAYFIELD**

*Break- (of not less than 30 minutes)*

**BAROQUE & UNIQUE BREEDS (WALK/TROT/CANTER)**

- 49. Smartest On Parade
- 50. Rider- 17 years and under
- 51. Rider- 18 to 29 years
- 52. Rider- 30 years to 39 years
- 53. Rider 40 years and over

### **Champion and Reserve Rider**

(winner of Classes 50 to 53 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve)

**SECTION SPONSORS: MARLYN PARK EQUESTRIAN, HKL EQUINE THERAPY**

- 54. Show Hack- up to and inc. 15.2hh
- 55. Show Hack- over 15.2hh
- 56. Show Hunter Hack- up to and inc. 15.2hh
- 57. Show Hunter Hack- over 15.2hh
- 58. Best Educated- up to and inc. 15.2hh
- 59. Best Educated- over 15.2hh
- 60. Pleasure- up to and inc. 15.2hh
- 61. Pleasure- over 15.2hh
- 62. Ridden Baroque Breed
- 63. Ridden Unique Breed
- 64. Ladies Ridden Hack
- 65. Gents Ridden Hack
- 66. Newcomer - all heights

### **Champion and Reserve Hack Open**

**(and Encouragement Award)** (winner of Classes 54 to 66 eligible, 2<sup>nd</sup> place getter to Champion eligible for reserve.

*Note: it's at the Judge's discretion to call all riders back in for the encouragement award).*

**SECTION SPONSORS: SANDGATE FARM, FIRST BIT EQUINE, SADDLERY IN MOTION**

**Best Performed Cleveland Bay  
Best Performed Waler  
Best Performed AHAA Horse**

Prize Donated by: **Cleveland Bay Horse Society**  
Prize Sponsored by: **Waler Horse Society**  
Prize Sponsored by: **AHAA (WA)**

## ENTRY FORM

Pre-entries close 25th April 2022. Entry on the day, pending availability of places, with a \$10 late fee.

### Email entries to:

secretary@afwhs.com.au

or

On the day

### Payment Options:

\*Cash on the day or money orders prior to-  
Australian Friesian Warmblood Horse Society Inc

\*Direct Deposit to-(Reference: NAME&FW Show)

BSB: 086 535 Account: 862499845

(A copy of receipt required with early entry)

**FEES:** **\$40 (AFWHS Members)** **\$50 (Non-AFWHS Members)**  
*If paying on the day, please bring the correct money. Prior to the day please ensure your section is not at capacity as your entry on the day may be refused.*

Please complete details below as part of your entry.

Name of Owner: \_\_\_\_\_ Member #: \_\_\_\_\_ Society: \_\_\_\_\_

Name of Rider (if different to owner): \_\_\_\_\_

(Note: The rider is required to complete their own Risk Waiver/Disclaimer and Medical form)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Entrant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If Rider is Under 18, legal parent/guardian to complete☺)

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rider (or Legal Parent/Guardian) Name: \_\_\_\_\_

Rider (or Legal Parent/Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Horse: \_\_\_\_\_ Rego #: \_\_\_\_\_

Horse Age: \_\_\_\_\_ Horse Height: \_\_\_\_\_ Horse Breed: \_\_\_\_\_

**Please tick below your ring and preference (Note: You may enter only walk/trot OR open, not both)**

*Note: Walk/trot is limited to horse and rider combinations that have not won more than two (2) Champions in any previous ridden events. These classes are designed for nervous and inexperienced riders and/or young and green horses only.*

Please tick the ring you wish to enter below:

Please tick the category you wish to enter below:

☐ Ring 1- Friesian Warmblood

☐ Walk/Trot Only

☐ Ring 2- Friesian

☐ Walk/Trot/Canter

☐ Ring 2- Baroque & Unique Breed

Registered Society: \_\_\_\_\_ Rego #: \_\_\_\_\_

|                                                                   |           |
|-------------------------------------------------------------------|-----------|
| Entry Fee (\$40- AFWHS Members, \$50- Non-AFWHS Members):         | \$        |
| Ground Fee (\$20 per horse):                                      | \$        |
| Non Member Levy (\$10 per rider)- AFWHS & EWA members fee waived: | \$        |
| On the Day Entry Fee (\$10 per horse/rider):                      | \$        |
| <b>TOTAL ENTRY FEE:</b>                                           | <b>\$</b> |

### IMPORTANT NOTES:

-All riders that are not members of AFWHS Inc or EWA are required to pay the non-member levy.

-All horses entered into breed rings, MUST be registered with their respective Societies. AFWHS Inc registered horse owners MUST be current 2022 financial members.

Please print clearly

## Risk Warning and Waiver of Liability

Name of Provider<sup>1</sup>

Australian Friesian Warmblood Horse Society Inc.

Address of Provider

PO Box 5620, Canning Vale South

State: WA

Postcode: 6155

Name of Participant

Address of Participant

State:

Postcode:

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

### Description of Activities<sup>2</sup>:

Handling of horses and horse riding

### Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

I acknowledge that the risk warning above constitutes a *"risk warning"* in accordance with the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA).

### Participant's Warranties

<sup>1</sup> Provider includes the officers, employees, agents, contractors, franchisees and assigns of the Provider.

<sup>2</sup> Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familiarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

### **Exclusion of liability**

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

### **Waiver**

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

### **For Queensland, New South Wales, Western Australia, Tasmania, Northern Territory and Australian Capital Territory and Commonwealth**

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth), the *Consumer Affairs and Fair Trading Act* (NT) and the *Australian Consumer Law*) and recreational activities (as defined by the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
  - (i) That is or may be harmful or disadvantageous to you or the community; or
  - (ii) That may result in harm or disadvantage to you or community;

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the *Civil Liability Act 2002* (WA) and section 5N of the *Civil Liability Act 2002* (NSW).

Under section 22 of the *Australian Consumer Law and Fair Trading Act 2012*, 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 *Australian Consumer Law and Fair Trading Act 2012* 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**, in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 and section 22(3)(b) of the *Australian Consumer Law and Fair Trading Act 2012*.

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the Provider 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 excluded.

### **Declaration and Signature**

I have read carefully and understand this risk warning and waiver of liability and sign it freely and voluntarily without inducement of any kind.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

### **For Participants under age 18**

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

Confidential Riding Application and Medical History Form



Riders name:

☐ Over 18  
(Check Box)

Contact Numbers:

Age:   
(if under 18)

I am applying to ride with

- I agree to the following: ☒ I will only ride the horse in a safe and controlled manner  
☒ I will wear an Australian Standard Approved helmet and the correct footwear at all times  
☒ I will read and follow all signs on the property and follow all instructions  
☒ The Instructor/Guide may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions

Riding experience ☒ The number of times the rider has ridden in the last 12 months   
☒ Indicate below the number of times the rider has ridden in total

|                                                      |                                                     |                                                        |                                                  |                                                    |
|------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 0 - 10<br>Little experience | <input type="checkbox"/> 10 - 20<br>Some experience | <input type="checkbox"/> 20 - 50<br>Average experience | <input type="checkbox"/> 50 - 100<br>Experienced | <input type="checkbox"/> 100 +<br>Very experienced |
|------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|

In the case of any emergency the following information is intended to assist:

**Name and telephone numbers of contact people.** \*\* Legal guardian details must be provided if rider is under 18 years of age

| Emergency contact name | Relationship with rider | Mobile               | Home                 | Work                 |
|------------------------|-------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>   | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are there any learning difficulties that need to be discussed, so the Instructors/Guides are able to accommodate accordingly?

Please describe:

**Do you (or your child) suffer from any of the following?** ☐ NO (Please tick if applicable)

**Please tick:** Any pre-existing medical or other condition that may affect or risk other persons or myself.

|                                             |                                          |                                              |                                    |                                    |                                        |                                      |
|---------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------|------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Epilepsy / Fits     | <input type="checkbox"/> Fainting  | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Disability    | <input type="checkbox"/> Back injury |
| <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Blood Condition | <input type="checkbox"/> Pregnancy           | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Migraines | <input type="checkbox"/> Uneven Pupils | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Recent injury   | <b>Other (describe)</b> <input type="text"/> |                                    |                                    |                                        |                                      |

**Allergies**

Please describe allergy and reaction

**Tetanus Immunisation**

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunisation

**Medication**

Is it necessary for you or your child to carry their own medication at all times?

Name of drug:  Frequency:  Dosage:

**Consent To Medical Attention**

I authorise the instructor in charge to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature of Rider

Signature of Legal Guardian (if participant is U/18)   
Date:

**Privacy Statement – Privacy Act 1998**

By completing this form you are supplying the Provider with personal information about yourself. This information is needed to ensure your safety during your time with us. The Provider is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above