



S P P H A W A
Standardbreds WA

SPPHAWA Inc.

Proudly presents the



S P P H A W A
Standardbreds WA

2023 STANDARDBRED DRESSAGE CHAMPIONSHIPS



FOLLOWED BY

2022/23 SEASON AWARDS LUNCHEON



SUNDAY 6th AUGUST 2023

Non-Members welcome but why not join! Contact us for further details.

Ribbons to 6th place in all classes – Champion & Reserve for highest combined scores

Champions: Sash, Plaque & \$200 Prizemoney | Reserves: Sash & \$100 Prizemoney

Judges: Nadine Herbert & Vicki Carpenter

MAGENUP EQUESTRIAN CENTRE

DEHAER ROAD, WANDI - GATES OPEN: 6:30am – START TIME 8:30am

**OFF
THE TRACK^{WA}**
More than a racehorse

ENTRIES CLOSE: Wednesday 26th July 2023

Draw Available: Monday 31st July 2023

All enquiries: Alex (0415 356 375)

Kristie (0408 204 045)

GENERAL RULES

- It is a condition of entry that all competitors, whether engaged in any event or not, do so at their own risk and will indemnify and save harmless the organizing club, committee members and members from all claims, actions, suits or demands arising out of injury, personal or otherwise caused out of their presence at this show.
- The organizers of the show have the right to refuse entry to any person, or to demand the immediate departure of anyone considered to be behaving in an unsuitable manner. Officials and volunteers are essential in the running of our competitions and events. Please treat them with respect. Poor sportsmanship, verbal or physical bullying will not be tolerated.
- Competitors will be allocated a helper duty on the day, please number your preference in the selection box available.
- Helpers must report to the Club House to sign in for their duty. It is the rider's responsibility to check the list of helper duties which will be emailed with the draw. Your helper duty fee will be handed back to you on completion of your duty.
- Approved helmets must always be worn whilst mounted.
- The draw will be emailed to all competitors, please make sure you provide a valid email address.
- This show is OPEN to all Standardbreds registered through HRA. You are not required to be a member to compete, however the Day Membership fee is mandatory if you are not a SPPHAWA, EA or PCAWA Member. Proof of membership must be provided with entries. Disclaimer forms must be completed by all non SPPHAWA members.
- All Standardbreds must have a passport and be included with your entries.

DRESSAGE RULES

- All entrants must be gear checked before competing. EA gear checking rules will apply for all tests and competitors are responsible for being aware of these rules. Riders present themselves to the marshal for gear checking 15 minutes prior to their scheduled start time. Riders who do not present for a Gear Check may incur elimination.
- Presentation: Horses must be presented clean, tidy and plaited. Riding Attire: White or light-coloured Jodhpurs, shirt and jacket, riding boots and approved helmet. Traditional dressage saddle blankets and bonnets are acceptable. OTT & SPPHAWA logos on saddle blankets are also acceptable.
- All horses will be allocated a number. This number must be worn on the bridle or saddlepad at all times when the horse is being ridden or lunged. If riders don't have a bridle holder, they will need to purchase one for \$8 with entry. A limited number are available to purchase with your entries.
- Competition Arenas: During warm-up no horse (either mounted or led) is permitted within 15 metres of any competition arena.
- The horse/rider combination must participate in both tests on the day but are only eligible to compete in **Prep OR Prelim** and not both.
- Prep Tests are for horses who have not competed at any hack day, dressage test or event at **canter**.
- Placings 1st – 6th will be awarded for each Test. Presentations will be awarded after completion of all tests.
- Scores from both tests will be added together to determine the Champion & Reserve Prep & Prelim.
- Dressage Tests will be the 2023 EA Dressage Tests - Effective 1 January 2023.

2022/2023 END OF SEASON AWARDS - LUNCHEON

Open to all current financial members (2022/23) and any non-member who has competed at this event.
Members and non-member rates will apply.

At the completion of the dressage & pack up SPPHAWA will provide a 2-course buffet consisting of:
Prime roast beef, roast chicken, roast vegetable medley, gravy
and dinner rolls, accompanied by assorted salads and condiments.



Followed by a variety of desserts and a fruit platter!!

Family and friends are welcome to join the luncheon



WHISKER REMOVAL RULING

Any competitor who presents a Standardbred to any class will be rejected entry to the ring if this ruling has been breached. It will be a condition of entry provided on the program that will be signed by the exhibitor that you will abide by any SPPHAWA ruling. No refund will apply if entry to compete is denied



2023 STANDARD BRED DRESSAGE STATE CHAMPIONSHIPS

SUNDAY 6th AUGUST 2023

Entries Close: Wednesday 26th July Draw Available: 31st July

Owner/Exhibitor:	Membership No:
Address	
Email:	Mobile:
Handler/Rider:	EA/PCAWA No:

NAME OF HORSE:		SPPHAWA Reg No:		
Gender: ☐ Stallion ☐ Mare ☐ Gelding Age:		OTT Passport No:		
Prep 2 & Prep 2	Walk/Trot horses only	Members \$30	Non-Members \$40	\$
Prelim 1.2 & Prelim 1.3	Walk/Trot & Canter horses only	Members \$30	Non-Members \$40	\$
			TOTAL FEES:	\$

HELPER DUTY LIST	Every entry must provide help or self-help. Please select your preference			
Select Helper	☐ SELF HELP ☐ PROVIDED HELPER – Name:			
Saturday Setup	Dressage Penciller	Arena Pack Up	Ground Clean up	
Helper Duty Fee will be refunded on the day once the duty has been completed and signed off				

<u>2022/23 END OF SEASON AWARDS LUNCHEON – BOOKING SECTION</u> Members \$ 25 per person / Non-Members \$30 per person	
Member Name: _____	Fees: \$ _____
Additional Guests: (please list names below)	Additional Guests Fees: \$ _____

_____	Total Fees: \$ _____

ENTRY FEE TOTALS															
EA or PCAWA members do not need to pay the Day Membership – but must still complete the disclaimer															
Please ensure that the correct fees are enclosed. All non-members must complete a Participant's Disclaimer form.															
Please make Cheque's payable to <u>SPPHAWA Inc.</u> POST entries to: SPPHAWA – State Champs 70 Tulloch Way Darling Downs, WA, 6122 Direct Deposit: BSB: 633-108 Acc: 128 881 497 Please include a payment receipt with entries EMAIL entries to: entries@spphawa.com.au REF: SURNAME_DRCEntry Entry enquiries: Kristie – 0408 204 045	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Class Fees:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">GROUND FEE - \$10 per entry</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">DAY MEMBERSHIP – \$10 Non-Members</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">HELPER DUTY FEE - \$20 Per Entry</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">BRIDLE NUMBER HOLDER - \$8 Each</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">END OF SEASON AWARDS - MEALS</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: right;">GRAND TOTAL FEES:</td> <td style="text-align: center;">\$</td> </tr> </table>	Total Class Fees:	\$	GROUND FEE - \$10 per entry	\$	DAY MEMBERSHIP – \$10 Non-Members	\$	HELPER DUTY FEE - \$20 Per Entry	\$	BRIDLE NUMBER HOLDER - \$8 Each	\$	END OF SEASON AWARDS - MEALS	\$	GRAND TOTAL FEES:	\$
	Total Class Fees:	\$													
	GROUND FEE - \$10 per entry	\$													
	DAY MEMBERSHIP – \$10 Non-Members	\$													
	HELPER DUTY FEE - \$20 Per Entry	\$													
	BRIDLE NUMBER HOLDER - \$8 Each	\$													
	END OF SEASON AWARDS - MEALS	\$													
GRAND TOTAL FEES:	\$														

Annual Risk Warning and Waiver of Liability – Non Members Only

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 Activities¹: Any equestrian event that is run by SPPHAWA

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

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).

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: _____

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): _____

¹ 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, familiarization 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.

Confidential Medical History Form – Non Members Only

Participant Name: _____ Contact Number: _____

☐ Over 18 (Tick Box) Age: _____ (If Under 18)

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

Name and telephone number of contact people **Legal guardian details must be provided if member/participant is under 18 years of age

Emergency contact name	Relationship to mem/par	Mobile	Home	Work

Have you (or your child) been diagnosed with any of the following?

☐ NO (Please tick if applicable)

☐ Asthma	☐ Diabetes	☐ Epilepsy/Fits	☐ Fainting	☐ Blackouts	☐ Disability	☐ Back Injury
☐ Heart Condition	☐ Blood Condition	☐ Pregnancy	☐ Dizziness	☐ Migraines	☐ Uneven Pupils	☐ Medications
☐ Allergic Reactions	☐ Recent Injury	☐ Autism	Other(Please describe)			

Allergies

Please describe allergy & reaction: _____

Tetanus Immunization

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

Medication

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

Name of Drug: _____ Frequency: _____ Dosage: _____
(If more than one please attach a separate sheet)

Consent to Medical Attention:

I authorize the SPPHAWA First Aid Officer to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature of Member/Participant: _____ Date: _____

Signature of Legal Guardian (if member/participant U/18)

Date: _____

Privacy Statement – Privacy Act 1998

By completing this statement you are supplying **the Provider** with personal information about yourself. This information is needed to ensure your safety during your participation at a SPPHAWA event. **The provider** is required to collect this information by our insurance company and by the department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any other purpose than that which is stated above.

SPPHAWA INC SEASON AWARD LUNCHEON

WHERE: Magenup Equestrian Centre

WHEN: Sunday 6th August 2023

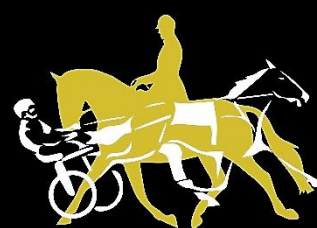
TIME: Midday (for a 12:30pm start)

★ Awards to be presented during the meal
AGM to follow once presentations completed

2-course Buffet consisting of:
Prime Roast Beef & Chicken, Roast Vegetable Medley,
Gravy & Dinner Rolls accompanied by
assorted Salads & Condiments.
Followed by a variety of Desserts and Fruit Platter.

Family and friends are welcome to join!

RSVP: Wednesday 26th July 2023



S P P H A W A
Standardbreds WA

2022/2023 END OF SEASON AWARDS - RSVP FORM

MEMBERS \$25 | NON-MEMBERS \$30

Member Name: _____

Fee: \$ _____

Additional Guests: (please list all attendee names)

Additional Guests Fees: \$ _____

TOTAL FEES: \$ _____

RSVP CLOSING – WEDNESDAY 26th July

Please forward the completed form to entries@spphawa.com.au with payment receipt.

Direct Deposit BSB: 633-108 Acc: 128 881 497

REF: AWARDS_Surname

Post: SPPHAWA – Awards Luncheon | 70 Tulloch Way, Darling Downs WA 6122