PO Box 4, Wanneroo, 6946 Phone: 0499 992 464

PRESIDENT: Ms. Dot Newton 0407 981 149 Email: Info@wannerooshow.com SECRETARY: Mrs. Jan Hacon 0412 742 574 Website: www.wannerooshow.com

HORSE EVENTS – SHOWJUMPING ENTRY FORM ONE ENTRY FORM PER COMPETITOR

Entry forms with payment close 5pm Friday the 8TH November 2024

Separate entry forms and disclaimer must be signed by every horse and rider combination. Please refer to Wanneroo Agricultural Society General Terms in conjunction with Horses Section A and Society By Laws and Regulations which form part of this entry.

Regulations which for	orm part of this entry.			
COMPETITORS NA	ME:	Email Address:		
HOME PHONE:		MOBILE:		
HORSES NAME:		OTT PASSPORT NUMBER:		
EWA RIDER NUMBER:		PONY CLUB WA:		
NAME OF HELPER:		Modile Number:		
Preferred Helper Du	ty:			
Please list the	classes in which you wish to	nominate:	PAYMENT VIA CHEQUE / CASH / DIRECT DEPOSIT (PLEASE CIRCLE)	
Class #	Description			
			DIRECT DEPOSIT DETAILS Wanneroo Agricultural Society Inc	
			Bendigo Bank BSB: 633 000	
			Account: 151 740 917	
ENTRY FEE PER CLASSES 1 & 2: \$10		\$	Please quote surname as reference	
ENTRY FEE PER	CLASSES 3 - 5: \$20	\$	MAIL ENTRIES TO: P.O. BOX 4.	
EA LEVY \$4.00 PER ROUND MAX \$24.00		\$	WANNEROO 6946	
			OR DELIVER DIRECT TO OUR SOCIETY OFFICE MAILBOX: 11B	
Late Fee on the day: \$10		\$	LEACH ROAD WANNERO	
		\$	7	
CONTACT JUANITA E I certify that the above pa to the ordinary rules and or errors that may be ma and marketing material a Agricultural Society priva	regulations and By laws of the society, an	rm to and accept the By-Laws d I hereby hold the society fre rizes. I understand the societ I material from time to time. TI w.wannerooshow.com/privac	<u>Y</u>	
SIGN HEKE		DA	TE	
PARENT/GUAR	DIAN SIGNATURE REQUIF	RED IF HANDLER U	INDER 18YEARS	

Wanneroo Agricultural Society Inc.

WANNEROO AGRICULTURAL SHOW - HORSES SECTION A-2 Showjumping

DISCLAIMER STATEMENT

NOTE: A SEPARATE DISCLAIMER STATEMENT IS REQUIRED FOR EACH PERSON.

Exhibitor Name:	Exhibit Name:			
ALL ADULT EXHIBITORS, RIDERS, GROANY OTHER PARTICIPANTS 18 YEARS I acknowledge and agree as a condition of participants, officials, volunteers, medical pequipment, advertisers, nor Owners or Lessee any liability whatsoever for either the death of any claim, demand or costs arising therefrom a or any other participant for whom I am response.	OOMS, ATTENDANTS and OF AGE and OVER orticipating at the 2024 Wanneroo Agricultuc., its directors, officers, employees, more personnel, any persons, promoters, spees of premises used to conduct the EVE of or for any injury, loss or damage which and incurred by myself or any rider, driver,	ural Show that neither nembers and agents, onsors, providers of NT(S) shall be under may be sustained or passenger, attendant		
I acknowledge that equestrian activities a disability and property damage, can, and do		using death, injury,		
By signing hereunder I confirm I have read and understood the contents of this Disclaimer together with the Society's Section Conditions by which I agree to abide.				
Name (Print):	Signature:			
Dated this:	day of	2024		
PARENT/LEGAL GUARDIAN CONSENT for EXHIBITORS, RIDERS, GROOMS, ATTENDANTS and ANY OTHER PARTICIPANTS 17 YEARS OF AGE and UNDER				
I,, being the parent/legal guardian of N	Name:			
Address: Date of Birth: have taken all necessary actions to ensure I am at the 2024 Wanneroo Show and consent to hi equestrian activities are dangerous and the damage can and do occur. I acknowledge a directors, officers, employees, members and a any persons, promoters, sponsors, providers of used to conduct the EVENT(S) shall be under loss or damage which may be sustained or any abovenamed or by any other person for whom present at the EVENT(S). By signing hereunder I confirm I have read and	confirm that I have read the whole of aware of the activity in which the above nation/her participating. In doing so, I acknote at accidents causing death, injury, disast and agree that neither The Wanneroo Agragents, participants, officials, volunteers, not equipment, advertisers nor Owners or Lany liability whatsoever for either the death y claim, demand or costs arising therefrom I am responsible as a result of participation and understood the contents of this Disclaim.	amed will participate owledge that ability and property ricultural Society, its medical personnel, essees of premises th of or for any injury, m and incurred by the on in or being		
Society's Section Conditions by which I agree				
Name (Print):				
Dated this:	day of	2024		