

# DRESSAGE

Starts: 9.30am

Leadline	Junior	Senior	Open
PC Leadline	Prep 2	Prep 2	Elementary 3.1
	Prelim 1.2	Prelim 1.2	Medium 4.1
	Novice 2.2	Novice 2.2	

*Rosettes for First & Second place – Ribbons to 6th.*

*OTTWA has sponsored a High Point OTTWA Dressage Horse*

*Providing Sashes to 3rd place and a prize for the winner!*

**\*\*All riders must pay the refundable \$25 helper fee.  
Please report to the office once you have completed your duty \*\***

This page must be completed and included with your entry

HELPER DUTY				
<b>Helper Name</b>	<b>Are you with CTRC ?</b>			
<b>Mobile Number</b>				
<b>Helper Email</b>				
<b>Bank details for helper refund</b> <span style="background-color: #00ff00; padding: 2px;">(must be included for you to receive a refund)</span>				
<b>ACCOUNT NAME:</b>	<b>BSB:</b>	<b>ACC:</b>		
<b><u>Please indicate preferred duty:- Please mark 2 in order of preference</u></b>				
Assist with setup of dressage arena (Sunday morning) Approx 7.30am				
Assist with setup of hacking arenas (Sunday morning) Approx 7.30am				
Assist with dressage arena pack up at end of dressage				
Assist with hacking arena pack up at end of show				
Run dressage tests to office (Can be mounted)	10am – 11am	11am – 12pm	12pm to end	
Gear Check for Dressage	9am – 10am	10am – 11am	11am – 12pm	12pm to end
Marshal for Dressage	9am – 10am	10am – 11am	11am – 12pm	12pm to end
Provide steward for a hack ring				
Provide a helper for canteen				
Unable to assist – Forfeit Refund				





Perth Horse & Pony Club Inc.  
 Jon Sanders Drive  
 OSBORNE PARK WA 6017

## Disclaimer Statement

I,....., ACKNOWLEDGE AND AGREE AS A CONDITION OF PARTICIPATING that neither the Perth Horse & Pony Club inc., nor its agents, officials, volunteers, medical personnel, nor any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the EVENT.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA/SHC rules and regulations.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

SIGNATURE..... DATE.....

### **FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)**

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

If participant is UNDER 18 years, PARENT or GUARDIAN MUST SIGN this disclaimer.

Name of Child.....Date of Birth.....



**THE PERTH HORSE & PONY CLUB INC.  
2026 FAMILY MEMBERSHIP APPLICATION**

SURNAME:		
(Name you would like correspondence sent to eg SMITH FAMILY)		
ADDRESS:		
SUBURB:		POSTCODE:
EMAIL ADDRESS:		PHONE:

RIDERS NAMES:	Date of Birth:	HORSE/PONY NAMES:
NON-RIDER NAME:		

**MEMBERSHIP RATES:** PH&PC Family Membership entitles the family to receive members nomination rates at PH&PC events, and riding members will accumulate points towards annual awards. To be eligible to vote, family membership must have a person over 18 years as their guardian/proxy.

**| FAMILY MEMBERSHIP** **\$50.00**  
(Up to 3 Riders plus 1 Non Rider)

Please list any ALLERGIES OR DISABILITIES:- (Name of member and details)

**EMERGENCY CONTACT:**

In the event of an emergency, if the Parent/Guardian can not be contacted quickly, please nominate another person who could be contacted.

NAME OF CONTACT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

In consideration of the PERTH HORSE AND PONY CLUB Inc (hereinafter called "The Club") accepting my child/myself as a member (hereinafter called "The Member") and enrolling the member and keeping the member enrolled, I, the undersigned agree to the member attending and participating in all club activities and agree to and do indemnify the club, its officers, instructors and helpers are not entitled to be indemnified under a policy of insurance whatsoever from and against any damages, compensation claims of demands arising out of any accident, injury, disease or illness which may befall or occur to the member during the members participation in any club activity or function connected with the club or when travelling to or from such activity or function. I further authorise any officers, instructors and helpers of the club in the event of such accident, injury, disease or illness to obtain the necessary medical assistance or treatment and for this purpose engage any medical, ambulance and nursing assistance and/or hospital treatment and in this event, I agree to pay all such fees and expenses, these said fees to be paid to the club on demand.

I hereby agree to my child/myself applying for membership of the Perth Horse & Pony Club Inc. and I/WE agree to abide by their rules and regulations, and indemnity as listed above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (Please Print):** \_\_\_\_\_

Email to:  
secretaryphpcinc@gmail.com

Direct Deposit:-  
BSB; 086-488  
A/C: 508293537  
Ref - 2025 Surname

Office Use	
Receipt No.	
Member No.	