

UNOFFICIAL DRESSAGE DAY inc WESTERN DRESSAGE AND RIDER TEST 8TH MARCH 2015 – (RIVERSIDE) PALOMINO RESERVE Palomino Place, Champion Lakes. W.A.



Entries close : 27th February 2015

Enq: M.Semones 0414 946 870 Email: ronsemones@bigpond.com

TEST	HORSE (Please use block letters)	RIDER (Please use block letters)	EWA RIDER #	ENTRY FEE
	Affix label here if you have one- if not, please write in all details			
	Affix label here if you have one- if not, please write in all details			
	Affix label here if you have one- if not, please write in all details			
Contact Details:				
Name:		OPEN (17 yrs & over) YR (Under 17 y	y 3)	ISITIONS 1BER
Address :				
		PAYMENT DETAILS TEST ENTRY FEE @ \$30 PER TEST	\$	
Home Ph No:Mobile:		TRANSITIONS MEMBER @ \$25.00 PER TEST	\$	
Email :		GROUND FEE \$5.00 PER HORSE	\$	
<u>Please note</u> : A Transitions (AON) waiver <u>mus</u> t accompany all entries including EWA members. Copy available on our website.		DAY INSURANCE \$5.00	\$	
		TOTAL ENTRY FEE:	\$	

Direct deposit to: Transitions Inc BSB 066 115 A/C 1018 1844 (Please inc full name as the description)

Or Post to 20 Scott Road, Kelmscott WA 6111 (Mailing Address Only)



the

Supplier of recreational service:

TRANSITIONS INC.

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is significant risk that serious INJURY or DEATH may result from horse sport activities and in particular this activity.

I/We confirm the Recreational Service Supplier has explained this document to me/us and I/we am/are aware of the implications, intent and effect of agreeing to signing the document. I/We furthermore confirm I/we am/are aware of the obvious risks associated with activities involving horses and I/we knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Recreational Service Supplier (hereafter referred to as the "Releasees") or others and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this trail ride.

I agree to follow the directions given to me and that any misconduct or refusal by me to follow any direction can result in the CANCELLATION of participation in the activity and my immediate removal from any horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE the Recreational Service Supplier, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Name of Partic	ipant:
Phone:	Date of birth:
Occupation:	
Details of riding	g experience:
Agreement to	exclude, restrict or modify your rights:
	e liability of the above named Recreational Service Supplier for any personal injury that may result from the supply of the rvices that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is completely nally —
(a)	excluded;
me/us, fully un	sufficient opportunity to read this release of liability and assumption of risk agreement or where required, explained to derstand its terms, understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily ment, undue pressure or influence of any kind.

Signature of Participant:	Dated:			
Name and address of Participant				
For participants of Minority Age (Under Age 18) This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.				
• •	Dated:			
Signature of witness:	_Dated:			

Name and address of witness: