



W.A.E.R.A. RIDE ENTRY FORM - MEMBERS

EVENT NAME		DATE HELD	
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RIDER INFORMATION

NAME		EMAIL	
ADDRESS			
TELEPHONE		MOBILE	
RIDERS DATE OF BIRTH		EMERGENCY CONTACT TELEPHONE NUMBER	
HAVE YOU BEEN A MEMBER OF WAERA PREVIOUSLY?	YES / NO	IF SO, WHAT WAS YOUR MEMBERSHIP No.	

HORSE INFORMATION

NAME			
HORSE DATE OF BIRTH	BREED	SEX	
AERA LOGBOOK No.	BREED REG. No.		
PROPERTY OF ORIGIN OF HORSE IMMEDIATELY PRIOR TO TRAVEL	PIC No.		

RIDE INFORMATION

DIVISION ENTERED <i>(please circle)</i>	H/W, M/W, L/W. INTERMEDIATE INTRODUCTORY	DISTANCE	WEIGHT DIVISION
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To enter the Training or Introductory ride NON-MEMBERS are required to pay a **day membership** (including public liability levy) of **\$30**. Please note when submitting your entry a **\$30 non-refundable ride deposit must be paid**, failure to do so will result in your ride entry being rejected. Please use the space provided to record your deposit details before submitting your entry. Riders who arrive at base who haven't paid the deposit will be asked to pay the full ride fee **plus the \$20 late entry fee**.

DECLARATION FOR THE RESPONSIBLE PERSON

I hereby acknowledge that I am the person responsible for this horse.

SIGNATURE DATE

PRINT NAME PHONE

RIDER DECLARATION

I hereby agree to abide by all current Australian Endurance Rider's Association riding rules, EADCM Rules, training ride rules procedures for rides, vetting procedures and WAERA Inc organisers rules and procedures and to conduct myself in a manner not to be injurious or prejudicial to the character or interest of the sport of endurance riding. In consideration of the ride organising committee accepting this entry, I hereby for myself, heirs, executors and administrators, waive and release the ride organising committee and all the persons or organisations associated with the ride, their representatives, heirs, executors, administrators and assign from any rights, claims or liabilities for damages or injuries sustained by/to me, my support team or my animals. **Wearing of AU standard equestrian helmets is compulsory.**

RIDER SIGNATURE

PARENT/GUARDIAN SIGNATURE (Under 18yrs).....DATE.....

PRINT NAME (GUARDIAN)

DEPOSIT RECEIPT No: AMOUNT \$ DATE PAID

HORSE HEALTH DECLARATION - ONE FORM PER HORSE

Owner or Person in Charge of the Horse

<i>NAME</i>		<i>EMAIL</i>	
<i>ADDRESS</i>			
<i>TELEPHONE</i>		<i>MOBILE</i>	

Property of origin of horse immediately prior to travel

<i>ADDRESS</i>	
<i>PIC Number</i>	

Horse Details

<i>HORSE'S REGISTERED NAME</i>	<i>SEX</i>	<i>MICROCHIP NUMBER OR AERA LOGBOOK NUMBER IF HORSE IS NOT MICROCHIPPED</i>

Temperature Log – taken on the 3 days prior to arrival at the ride base

DATE	TEMPERATURE	TIME OF DAY WHEN TEMPERATURE WAS TAKEN
Day 1:		
Day 2:		
Day 3:		

Please indicate the nights you will be camping:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Declaration by owner or person in charge of horse:

I, declare that the horse named above has been in good health, eating normally and not shown signs of illness during the last 7 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager to call for veterinary inspection of the horse named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

I AGREE THAT:

1. The horse will be shampooed, rinsed and allowed to dry, and its hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horse will be cleaned to remove all solid material that could contain disease agents, and then disinfected.

I FURTHER DECLARE THAT:

3. The information contained in this Biosecurity Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the Event Organising Committee/Manager.
5. I acknowledge that if I fail to comply, I may be directed to leave and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organising Committee/Manager.
7. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Manager/Event Organising Committee, it's State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the Event/Farm.

Signature Name Date