

NORTHAM AGRICULTURAL SOCIETY SHOW

**For all inquiries contact: Sue Britza 0429461392- Email: msbritza@bigpond.com
 Hacking & Show Jumping Entry Form -PLEASE PRINT CLEARLY
 NO HAY ALLOWED ON GROUND**

NAME OF EXHIBITOR _____, TEL NO _____

ADDRESSP/C.....

Email: _____

ENTRIES CLOSE. 4th September 2023

**“OFF THE TRACK”- (OTT) Please provide Passport Number were indicated
 Please Note: Height Certificates may be required by the Judge and or Organizers**

Passport number-For OTT

HACKING AND RIDER EVENTS

CLASS	OFF THE TRACK	RIDERS NAME	HORSES NAME	HEIGHT	ENTRY FEE
				TOTAL HACKING FEES	

SHOWJUMPING **Passport number-For OTT**

CLASS	OFF THE TRACK	HORSES NAME	RIDERS NAME	ENTRY FEE
			EA SHOWJUMPING LEVY \$4 per CLASS MAX \$24	
			TOTAL SHOWJUMPING FEES	

INCLUDE BANK REFERENCE WITH ENTRY

SHOW GROUND FEE \$5.00 per HORSE	
HACKING FEES	
SHOW JUMPING FEES	
Showjumping only LEVIES @\$4/class Max \$24	
DAY MEMBERSHIP (If required)	
TOTAL ENTRY FEES	

Please indicate membership:

1. Equestrian WA _____ PCWA _____
2. Northam Agricultural Society - Full Member or Day member \$20 (Circle)
3. Personal Insurance _____

“OFF THE TRACK”

OTT Passport Number _____

Entry forms Completed to, P.O. Box 99, York, 6302 by the 4th September 2023. OR=-

Email Entries: msbritza@bigpond.com

Include Bank Reference TO: 066524-10199730

**All Banking Details as follows:
 BSB: 066524 Account Number: 10199730
 Cheques to: Northam Agricultural Society
 Email Entries to: msbritza@bigpond.com
Include your Bank Reference if emailed**

ALL BANKING ENTRIES MUST HAVE REFERENCE OF “Your Name” + Equestrian

DISCLAIMER FORM MUST BE COMPLETED by ALL ENTERANCE OF HACKING AND BREED and SHOWJUMPING

Name.....Address
.....
Phone Email address Mobile.....
Contact in case of emergency.....Phone
Date of Birth (if under 18)--
Name of Guardian (if under 18years)

I agree to abide by the rules as set out by the Northam Agricultural Society Inc. and the Equestrian Australia (2023) whilst on the grounds designated by the Northam Agricultural Society and whilst participating in any and all activities officiated by the Northam Agricultural Society.

I, _____, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity in which the above mentioned will participate at the 2023 Northam Agricultural Show and consent to him/her/me participating. In doing so, I acknowledge that Equestrian activities are dangerous and that accidents causing death, injury, disability and property damage do occur, I acknowledge and agree as a condition of participating at the 2023 Northam Agricultural Show that neither the Northam Agricultural Society Inc., its officials, employees and agents, participants, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, nor owners or lessees of premises used to conduct the EVENT(S) shall be under any liability for either my death or the death of any rider, driver, passenger, attendant or any other participant for whom I am responsible or for any injury, loss or damage which may be sustained or occurred by me or any rider, driver, passenger, attendant or any other participant for whom I am responsible, as a result of participation in or being present at the Northam Agricultural Show

By signing hereunder I confirm I have read and understood the contents of this Disclaimer together with the Rules & Regulations by which I agree to abide.

Name:(Print) _____ Signature: _____

Dated this: _____ day of _____ 2023

I understand that my signature to this document constitutes a complete and unconditional release of all liability the Equestrian Australia Ltd including all its state bodies, coaches and affiliated clubs, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

PARTICIPANTS 17 YEARS OF AGE and UNDER.

Before signing this disclaimer, please read Rules & Regulations in the schedule.

PARENT /GUARDIAN CONSENT for EXHIBITORS, RIDERS, DRIVERS, PASSENGERS, ATTENDANTS and ANY OTHER PARTICIPANTS 17 YEARS OF AGE and UNDER.

I, _____ being the Parent /guardian-for above name _____

Signed _____ Date _____ 2023

INSURANCE: For Insurance purposes ALL competitors/Riders competing at this show/event MUST be covered for personal liability Insurance either as members of Equestrian WA, PCWA, Northam Agricultural Society OR personal indemnity Insurance.—See Entry Form

All Banking Details as follows: BSB: 066524 Account Number: 10199730

**Cheques to: Northam Agricultural Society—OR--Email entries to: msbritza@bigpond.com
Include Bank Reference on your entry**

ALL BANKING ENTRIES MUST HAVE REFERENCE OF “YourName” + Equestrian