





## Consecutive Entries—Form

Horses Name.....Registration Number.....

Owners Name.....

Class No	Class Description	Handlers Name: If not the owner	Fee
		Total	

Horses Name.....Registration Number.....

Class No	Class Description	Handlers Name: If not the owner	Fee
		Total	



# Member Dangerous Activity Acknowledgement and Waiver of Liability

*This form must be submitted with entries and  
signed by all drivers, handlers & riders.*

## WESTERN AUSTRALIAN BUCKSKIN ASSOCIATION INC.

**WABA & CPRWA State Championships  
9th & 10th December 2017  
At Karinya Equestrian Park, Grant Street, Orange Grove**

Full Name of participant ( and guardian if under 18 years).....

Address.....

City..... Post Code..... Date of Birth.....

Phone..... Membership No.....

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

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

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 and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Effect of this Document:

I understand that my signature to this document constitutes a complete and unconditional release of all liability against the Western Australian Buckskin Association Incorporated, all of its officials, volunteers, members and any affiliated club, to the greatest extent allowed by the law in the event of me and/or anyone under my care suffer injury or death.

Dated...../...../..... Signature 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 activity.

Dated...../...../..... Signature of Parent/Guardian.....