

Sunshine Coast Riding Develops Abilities Equestrian Centre

Venue: 2 Monak Road North Arm Q 4561

This event is a stepping stone, introduction to Competition and restricted to persons who have NOT competed at any EA/PCAQ Official Events

Date: Sunday 5th June 2016

PROGRAM

Note: Limit of **3** events (per horse/rider combination)

Dressage		Arena 40 x 20		Jumping/Dressage	
Class 01	Preparatory A	Class 09		SO Level B1 Prix Caprilli Test	Poles on ground only
Class 02	Preparatory B	Class 10		SO Level B1 Prix Caprilli	Max height 45 cm
Class 03	Para Grade 1a. 1	Trail Events			
Class 04	Para Grade 1a.2	Class 11		SO Trail walk only – 4 elements	
Class 05	SO Level B1 test 1	Class 12		SO Trail Walk and trot- 6 elements	
Class 06	SO Level A1 test 1	<i>Copies of tests – Click on Test or contact enquires below</i>			
Dressage	Arena 60 x 20	Classes are open to all riders but awarded separately as per definition below if declared on entry form.			
Class 07	Preparatory C	Entry Fees: \$25 per class (Non Members * levy incl.) \$15 per class (SCRDA Members - own horse) *Member only - Horse hire \$15 per horse – advance booking required *Please note: Ground hire levy \$10 per horse is payable for all non SCRDA members			
Class 08	Preparatory D				

Entries: Enter online at www.nominate.com.au

Entries: Close: 5pm 27th May 2016

Draw: Draw will be posted on Nominate www.nominate.com.au and SCRDA website: <http://www.sunshinecoastrda.com>

Prizes: Ribbons 1st to 6th place in each category.
Categories: per Class: Open Junior, Open Senior, Para Equestrian, Special Olympic

Definitions of Categories : J = Junior (6 - 18), S = Senior (18 +)

P = Para equestrian-physical impairment only

SO = Special Olympic- intellectual impairment

Championship Classes:

Individual Champion: Highest scoring horse/rider combination over 3 disciplines

Teams Champions: Open, Para Equestrian, Special Olympic, (any age in ea.)

Entry on the day **Fee \$15 per team** (3 per team) 1 rider/horse combination from each discipline

Enquiries/Scratchings: Matty 0754470450 or 0429870870 E: dressage@sunshinecoastrda.com

Catering available: Special requests E: dressage@sunshinecoastrda.com

To Join SCRDA: Down Load Membership application Form:

http://www.sunshinecoastrda.com/images/forms/SCRDA_Mship_2015v3.pdf

[See Conditions of Entry. Click Here](#)



EQUESTRIAN FEDERATION OF AUSTRALIA - QUEENSLAND INC.
RELEASE AND WAIVER OF LIABILITY ASSUMPTION
OF RISK AND INDEMNITY AGREEMENT

CLUB/COACH NAME: SUNSHINE COAST RIDING FOR THE DISABLED (RDA) INC

CLUB/COACH ADDRESS: P.O. Box 517 EUMUNDI QLD 4562

EVENT: Official, Associate, Participation and Picnic Day Dressage Events (hereafter referred to as "EVENT(S)")

NOTE: Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the SCRDA/coach, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee, INCLUDING NEGLIGENCE RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.
BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

.....
PRINT NAME HERE SIGN HERE DATE
PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS

I,.....being the parent/guardian of the above named.....
Confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the SCRDA, club/coach, participants, EFA and its state bodies, or any subdivision thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any activity conducted by, or on behalf of the SCRDA except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar legislation)
By signing hereunder I confirm having read and understood the contents of this disclaimer.

.....
NAME (BLOCK LETTERS) SIGNED

DATED THIS.....DAY OF.....201...



HORSE HEALTH DECLARATION FORM

EVENT NAME		DATE	
OWNER OR PERSON IN CHARGE OF HORSE/S			
FULL NAME			
FULL ADDRESS			
EMAIL			
PHONE			
PROPERTY OF ORIGIN OF HORSE/S			
FULL ADDRESS (if different to above)			
PIC NUMBER (Property Identification Code)		Waybill / Movement Document No.:	

	DESCRIPTION/SEX	MICROCHIP/ BRAND	REGISTERED NAME	STABLE NAME	Is Hendra Vaccination current? (Y/N)	PIC of Origin (If different to above)
eg	Pinto Gelding	939000000005624631	B & W Face Value 11	Oreo	N	
1						
2						
3						
4						

See reverse for additional horses

Registered Companion Dogs only permitted?		YES		NO	
Are you stabling horse/s overnight? (Please tick)		YES		NO	
If stabling please list dates					

DECLARATION BY OWNER OR PERSON IN CHARGE OF HORSE/S

I declare that the horse/s named above has/have been in good health, eating normally and not showing signs of illness during the 3 days leading up to attendance at this event. I give my authorisation for the designated SCRDA or Event Organising Committee Representative to call for veterinary inspection of the horse/s 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 as a result of this.

I AGREE TO ENSURE THAT:

1. If required, before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles/equipment accompanying the horses will be in a clean condition at the commencement of travel to the Sunshine Coast Riding for the Disabled Community Equestrian Centr. (SCRDA)
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of QSEC or the event organiser.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification or other disciplinary action as decided by SCRDA or the event organisers.
6. 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 may be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
7. In the event of horse movement restrictions, each owner/person in charge will be responsible for the care, maintenance and cost of their horse/s, including feeding and watering.

Signature

Name

Date