

**Sunshine Coast RDA Equestrian Centre**  
2 Monak Road North Arm Q 4561



Invites you to attend our

**First Protocol Dressage Day**

Date: **Sunday 22<sup>nd</sup> February 2015**

Nominations Open: **10 January 2015**

Entries Close: **8 February 2015**

Cost: \$20 per class (Non Members)

\$15 per class (Centre Members)

Info: Limit of 2 events (per horse/rider combination) Rider times by Draw



RDA Walk A	EFA Prep 2	EFA Prelim 1.1	Novice 2.1	EFA Elem 3.1
RDA Walk B	EFA Prep 3	EFA Prelim 1.2	Novice 2.2	EFA Elem 3.2
RDA Trot A	EFA Prep 4			
RDA Trot B				
Maximum of 2 tests at any level per Horse/Rider combination (unrestricted)				
Annual Membership \$30 p.a. 1 January 2015 to 31December 2015 (forms on website)				

**Hints for the Day**

Copies of Tests: Contact: [mattysormani@bigpond.com](mailto:mattysormani@bigpond.com) or Ph 0754470450

**Dress:** Neat clean riding wear with AS/NZS3838 approved helmet and footwear.  
(RDA Riders may have approved exemptions for dress and saddlery)  
Club T Shirt or Shirt with Sleeves. Jackets Optional.

Each rider at the prescribed riding time per the draw (please be ready to ride on time)

1. Approach the Judge and confirm your name and horse's name.
2. On hearing the signal (horn or bell) enters the arena and begins their chosen test.
3. On completion approach the Judge for verbal feedback.
4. You can then ride the same test again.
5. At the end of the day your test sheets are returned to you with the Judges comments and advice.

This Event will be run under EQ/RDAA Rules Neither SCRDA or EQ will accept any liability for accident, injury or illness to horses, owners, riders or spectators.



## Competition Entry Form

**Conditions:** All riders must include a Rider Disclaimer and Horse Health Declaration Form with their entry.

**No Late Entries can be accepted.**

**Draw** (Ride times) will be posted on the website: [www.sunshinecoastrda.com](http://www.sunshinecoastrda.com) or please provide a stamped self addressed envelope with your entry.

Name of Rider: \_\_\_\_\_ Are you a Junior (Under 18) Yes/No

Date of Birth: / / .

Email: \_\_\_\_\_ .

Parent/Guardian name: \_\_\_\_\_ .

Address: \_\_\_\_\_ PC \_\_\_\_\_ .

Phone/Mob: \_\_\_\_\_ .

Property ID Code: \_\_\_\_\_ .

EA/RDAQ Yes /No Membership No: \_\_\_\_\_ .

Emergency contact: Name: \_\_\_\_\_ Ph/Mob \_\_\_\_\_ .

Test	Horse Name	REG No	Amount	Total
I wish to become a SCRDA Member \$30.00				
Total Amount				
Payment by	Sunshine Coast Riding for the Disabled RDA Inc.			
Direct Debit:	Suncorp Bank BSB 484-799 Account: 002759281			
Cheque	To: Sunshine Coast Riding for the Disabled RDA Inc.			
Payment	PO Box 517, EUMUNDI QLD 4562			

Cost: **\$20** per class (Non Members) **\$15** per class (Centre Members)

**Cancellation Conditions:**

Check on Website Prior to departure: <http://www.sunshinecoastrda.com>

In event of cancellation 30% of entry will be retained by OC.:

Refunds: Only on presentation of Medical or Veterinary Certificate.

Email Entry: to: [admin@sunshinecoastrda.com](mailto:admin@sunshinecoastrda.com)

Phone Matty: 0754470450

PLEASE INCLUDE ATTACHED WAIVER AND HORSE HEALTH DECLARATION FORM



**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 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), 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 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 Releasees, 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 abovenamed.....

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 Branch, 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 BRANCH 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	93900000005624631	B & W Face Value 11	Oreo	N	
1						
2						
3						
4						

See reverse for additional horses

Do you have a dog with you?		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 Equestrian Centre (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 SCRDA 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 \_\_\_\_\_