



# Sunshine Coast Riding Develops Abilities Equestrian Centre

Venue: 2 Monak Road North Arm Q 4561

DRESSAGE AND SHOWMAN WORKSHOP/COMPETITION

Date: Sunday 19<sup>TH</sup> MARCH 2017
Start: 9 am – 12 pm Workshop
New PE tests explained New 2017 tests
IQ Showman Classes explained Level S3\_P

# **COMPETITION PROGRAM**

# STARTS 1PM - 5PM

**Note**: Dressage Tests: Please Limited to **2 tests** (per horse/rider combination)
Please consider time constraints and your horse's wellbeing when nominating for more classes.

Dressage	Arena 60 x 20	Indoor Arena	Indoor Arena – 40 x 20	
Class 01	In hand showman presentation – See workout below			
Class 02	EA Prep A	Class 09	EA Para Grade 1.1	
Class 03	EA Prep B	Class 10	EA Para Grade 1.2	
Class 04	Preliminary S1	Class 11	EA Para Grade 2.1	
Class 05	Preliminary S2	Class 12	EA Para Grade 2.2	
Class 06	Novice S3	Class 13	EA Para Grade 3.1	
Individual Ridden Display			Individual Ridden Display	
(Judged as a rider class)			(Judged as a rider class)	
Class 07	Primary Workout	Class 14	Walk only Workout	
Class 08	Secondary Workout	Class 15	Walk / Trot Workout	

Class sizes may be limited, but are open to EA and SCRDA Members only.

**Entry Fee:** \$50 (New Member – includes membership online form below)

\$30 (SCRDA riders only includes horse hire–booked in advance)

\$20 (SCRDA Members - own horse)

\*Please note: Ground levy \$10 per horse is payable for all non SCRDA members

Copies of Dressage tests – Available on EQ WEBSITE:

Entries for Dressage Tests Nomination by Email to: dressage@sunshinecoastrda.com

Entries Close: 5pm Wednesday 15<sup>th</sup> March 2017

Entry to be paid upon Nomination **Draw:** Draw will be posted on the Day.

**Prizes**: Ribbons 1<sup>st</sup> to 6<sup>th</sup> place (no money prizes)

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

Catering available: Special requests E: <a href="mailto:dressage@sunshinecoastrda.com">dressage@sunshinecoastrda.com</a>

To Join SCRDA: Membership registration online: http://www.revolutionise.com.au/SSC.RDA/

#### **GENERAL RULES & REGULATIONS**

 SCRDA events are conducted in accordance with the rules Equestrian Australia <u>www.equestrian.org.au</u> or the Peak Body of the Event Discipline. E.g. Special Olympics, Western, Pony Club etc. It is the competitor's responsibility to be familiar with the current rules and regulations.

# **BIOSECURTY & SAFETY**

- 2. Horse health declaration forms must be completed & handed in prior to riding.
- 3. A Quarantine area will be designated. All riders/grooms are required to follow directions from the organizing committee in case of a quarantine issue.
- 4. It is the responsibility of all competitors and helpers to report unsafe or hazardous situations to the Event organizers.

## **NOMINATIONS**

- 5. All entries must be made through <a href="mailto:dressage@sunshinecoastrda.com">dressage@sunshinecoastrda.com</a>. It is the responsibility of the competitor to ensure entries are made before the close of entry deadline. The organizers reserve the right to alter the program.
- 6. SCRDA reserves the right to reject any entry where incomplete or incorrect information has been provided or if the correct fees have not been paid.
- 7. For Official Competitive Event/Classes Entrants must have current competitor membership & comply with all conditions of the Sport they are nominating for.
- Unofficial/Participant/Club Events or Classes Entrants must be current SCRDA members or registered for this level of competition with the Event discipline's peak body.
- 9. Maximum of 3 classes per horse, over two consecutive levels. Maximum of 3 horses per rider.
- 10. Classes may be closed or split based on the number or entries received, in which case a reserve list will be kept.
- 11. In the event of cancellation of the competition, 20% of the nomination fee may be retained by the organizing committee.

## PRIZES & PRESENTATION

- 12. Presentation of prizes & ribbons will be held at the finish of all classes. Prizes, test sheets, ribbons & money will not be posted.
- 13. Official Competitive Classes Ribbons to 6<sup>th</sup> place, Prizes or Money for 1<sup>st</sup> -3<sup>rd</sup>. Prizes will be determined based on number of entries for the class.
- 14. Participant/Club Classes –Ribbons to 6<sup>th</sup> Place.

#### DRAW

- 15. The Draw will be posted on the SCRDA website: www.sunshinecoastrda.com
- 16. Please check on SCRDA for revised DRAW or details on wet weather updates/cancellation notifications.

## **SCRATCHINGS**

- 17. Please notify the organizers if you intend to withdraw from all or part of the competition
- 18. For Scratching prior to the day, please Email: <a href="mailto:dressage@sunshinecoastrda.com">dressage@sunshinecoastrda.com</a>. For Scratching on the day please call Office: 0754727280
- 19. No Refunds will be made after close of entries unless a veterinary/medical certificate is provided. Request for refund must be supplied with five working days of the date of the competition by Email: dressage@sunshinecoastrda.com

# ON THE DAY

- 20. Competitors are required to report to the Gear Check Steward before EACH class. It is the competitor's responsibility to ensure their equipment meets the requirements and safety regulations of their event.
- 21. Dressage Riders have the choice of competing with or without a Jacket BUT you must wear a light coloured competition shirt with sleeves in EA Dressage Official Classes if riding Jacketless. Riders may ride in coloured shirts in Club & Participant Classes.
- 22. Bridle numbers must be clearly displayed on both sides of the horse for all Official Dressage Competitive Classes. Please note NOTE: STALLIONS ARE NOT PERMITTED AT UNOFFICIAL/ CLUB COMPETITIONS
- 23. Riders are required to compete in the order state on the draw. It may be possible to move up in the draw if you wish to take the place of a Scratching. Please confirm with the Gear Check Steward on the day for permission.
- 24. HELPER ON THE DAY SCRDA EVENT organisers are a small group of volunteers and would appreciate assistance from each competitor with essential tasks, especially writing for the judges and running sheets to the scorers. Please ensure you respond to requests for assistance when they are made to facilitate the smooth and timely running of your event.

## YARDS & PARKING

- 25. There is ample parking on the ground. Please be considerate to other competitors when positioning your vehicle/float and ensure all manure and rubbish are removed at the end of the day.
- 26. There are a limited number of yards only so horses connected with the Committee/helpers/Special needs competitors have first access to these yards. Feel free to set up your own yard at your float. (no rope or electric permitted).

# ON THE GROUNDS

- 27. The round yard is available for lunging. There is to be no lunging in the main warm up area.
- 28. SCRDA is a no smoking venue.
- 29. DOGS SCRDA will permit registered assistance dogs at the events. If a dog is in attendance in the interest of safety the dog must be restrained at all times and kept away from the competition areas.
- 30. Please direct all concerns and constructive criticism to our committee so we can improve and develop the best event experience for all.

Thank you for your cooperation



# Nomination Form Sunshine Coast Riding for the Disabled RDA Inc.

# 2 Monak Rd, North Arm Q 4562

# Office 07 5472 7280 or A/H 07 5447 0450 E: dressage@sunshinecoastrda.com

(Completion of this nominat	tion does not guarantee	your application will be approved.)			
1:	Club (EA, PCA	AQ, RDA):			
Ph/Mob:	Email:				
Address:		Post Code			
Class Number	Horses Name	EA reg no: (if registered)	Fee as per Program		
	+		_		
Non Member Ground Levy			\$10.00		
Limit of 2 Dressage tests per	r Horse	Total	\$10.00		
dressage@sunshin  Nomination and pa Payments can be m to: Sunshine Coast Ric Important: Please  Compulsory  Tick this box to confirm that	necoastrda.com with fee ayment may be made in made by cash or cheque, ding for the Disabled or I use: Quote Ref: EVENT I t you have read, underst aration Form and Waiver	f entry, sign and date the attached for post to SCRDA PO Box 517 Eumoperson when the office is attended credit card (surcharge of 2%) or onl  Direct Debit to SCRDA BSB 484-799  NAME & Your NAME + Date  tood, and agree to abide by the condition of the condition	undi Q 4562 or by arrangement. line by Paypal or Direct Debit  9 Account: 002759281  ditions (including provision of		
Name (printed)(parent or guardian to sign if under 18 yrs.)					
Confirmation Code box		<b>◀</b>			
Signature of the Competitor	r	Date			
Office use only					
Payment received Date/	// Amount \$	Booking accepted Date/	/		
Auto Confirmation letter/Email sent by: Name:SignatureSignature					



# 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 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 RESPONSIBILTY 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

 $\hbox{UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE \\$ 

SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO

ME AND INTEND MY SIGNATIURE 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...

#### am/pm event. I give my authorisation for the Event Organising Committee/Manager/Event Biosecurity Officer hereinafter referred to as Event Organisers, to call for veterinary inspection of the horse/s named above and in my care should they 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 Stable Continue on additional page if travelling with more than five horses I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last three (3) days leading up to this ġ members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other I agree and acknowledge that the Event Organisers, its State and/or National Affiliated bodies and their Vaccinated Hendra Ñ Z liability incurred by or made against me as a result of any movement of horses to the Event. covering such occurrences including policies and procedures in effect at that time. Microchip Number 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. Property of origin PIC: (Property Identification Code) Waybill/Permit No: Planned Departure date and time: ..... Date: **Event Date: HORSE HEATH DECLARATION** Brand Declaration by owner or person in charge of horse/s attending am/pm am/pm Event Organisers. Event Name: Colour Email: 9 If required, before movement, all horses will be shampooed, rinsed and allowed to dry and their hooves will be Breed All vehicles and equipment accompanying the horse/s will be cleaned to removal all solid material that could ...... Signature: ...... I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited. The information contained in this DECLARATION is true and correct to the best of my knowledge. Date and time of arrival at Event: I agree to abide by all conditions that may be imposed at any time by the Event Organisers Movement commenced: Sex Destination address: Stable Name Mobile: picked clean of all solid material and washed with shampoo. YES / NO YES / NO contain disease agents and then disinfected. Event Organiser: (club name) Are you stabling overnight? Registered Name of Horse After the event are the horses returning to the property of origin? Person responsible for horse/s: Residential Address: Property of origin of horses address: Vehicle Rego No: **Event Venue:** Phone: I FURTHER DECLARE THAT: I AGREE TO ENSURE THAT: Name: .....