25-27 NOVEMBER 2016 AT EXHIBITION PARK IN CANBERRA (EPIC) OFFICIAL ENTRY

NO REFUNDS UNDER ANY CIRCUMSTANCES

COMPLETED ENTRY FORMS AND OTHER DOCUMENTATION SHOULD BE SENT TO: ARABS INC GPO BOX 1057 CANBERRA ACT 2601								
ENTRIES CLOSE 7 th October 2016								
Owners Name								
Stud Name (if applicable)								
Address Suburb/Town Email Address Phone Numbers								
			State:	Postcode:				
COST OF INDIVIDUAL CLASSES, PACKAGE DEALS & CHALLENGES								
	Mobile:		Home:					

CLASSES	Arabs Inc. Members	Non- Members	Qty	Total
All Rings	\$10.00	\$15.00		\$
Newcomer, Young Horse, Snaffle Bit Maturity, and Non-Pro & Owner Classes	\$20.00	\$25.00		\$
Youth Challenge	\$35.00	\$35.00		\$
Open Hunter Challenge	\$40.00	\$40.00		\$
Feature Hack	\$50.00	\$50.00		\$
All Breeds Challenges	\$50.00	\$50.00		\$
PACKAGES (See notes below)				
Performance Package (excludes ALL Challenges & Feature Hack)	\$160.00	\$200.00		\$
		CLASSES TOT	AL	\$

Notes:

<u>Performance Package</u>: A Performance Package entitles ONE horse to be entered in any number of classes, <u>EXCLUDING</u>: All Breed Challenges, Youth Challenge, Open Hunter Challenge, Newcomer, Young Horse, Snaffle Bit Maturity, Non Pro and Owner Classes and Feature Hack, over the three days of the show.

OTHER SPECIAL INFORMATION

MEMBERSHIP

Date: _____

If competitors wish to become members of Arabs Inc. in order to take advantage of at this and other Arabs Inc. shows, please complete and include a 2016-17 Membe form.	
CATALOGUE, SWABBING & ADMINISTRATION FEES (per exhibitor)	
Each exhibitor is required to make a one off payment of \$30 to cover cataloguing, swabbing and overall show administration.	\$30.00
INSURANCE	
Each competitor must complete a <i>Liability Declaration</i> form.	\$
In addition, if the competitor is not covered for Public Liability insurance 24/7 he/she must also complete a <i>Registered Participant Application</i> form and pay \$10 per day for insurance cover (\$30 per day for professional competitors). See the insurance information on the AHSA website – www.ahsa.asn.au - for full details.	
The relevant forms are included as part of this entry form package.	
NON-PRO DECLARATION	
Each competitor who wishes to participate in a Non-Pro class must complete a <i>Nor</i> form.	n-Pro Declaration
CONTACT INFORMATION	
Some sponsors request the contact information of competitors for marketing purposes. If you do not wish the Arabs Inc. Committee to share your contact information with sponsor's, please tick the box on the right.	
RULES & REGULATIONS	
Each competitor must sign the declaration below to indicate that they will abide by to conditions that apply to this event. Unsigned entry forms will not be accepted. RULES & REGULATIONS: By signing below you are agreeing to abide by the rules and conset down by Arabs Inc. for the conducting of this event.	
Signature:	

ENTRY NOMINATION FORM - CLASSES

<u>EITTIT NOMINATI</u>	ON ONE	<u>=</u> 1	
GENERAL CLASSES			
Exhibitor / Rider Name		DOB if under 18 years	S
Horse Name		Registration Number	
DOB		Colour	
Sire		Dam	
CLASS Nos (e.g. 360, 529, 6 ⁻	19 etc)		
Attach a photocopy of the Rapplicable, your breed associ	Registration certificate and, if ciation membership card		
Exhibitor / Rider Name		DOB if under 18 years	3
Horse Name		Registration Number	
DOB		Colour	
Sire		Dam	
CLASS Nos (e.g. 360, 529, 6	19 etc)		
Attach a photocopy of the Rapplicable, your breed associ	Registration certificate and, if ciation membership card		
Exhibitor / Rider Name		DOB if under 18 years	3
Horse Name		Registration Number	
DOB		Colour	
Sire		Dam	
CLASS Nos (e.g. 360, 529, 61	19 etc)		1
Attach a photocopy of the Rapplicable, your breed associated	Registration certificate and, if ciation membership card		
Exhibitor / Rider Name		DOB if under 18 years	s
Horse Name		Registration Number	
DOB		Colour	
Sire		Dam	
CLASS Nos (e.g. 360, 529, 6	19 etc)		I
Attach a photocopy of the R applicable, your breed associ	Registration certificate and, if ciation membership card		
RIDER AGE CLASS	ONLY		
Rider Name	T		DOB & Age

ENTRY NOMINATION FORM	– ALL BREED CHALLENGES	
CHALLENGES		
Exhibitor / Rider Name	DOB if under 18 years	
Horse Name	Registration Number	
DOB	Colour	
Sire	Dam	
Snr Halter 6 years & over	Snr Ridden 6 years & over	
Jnr Halter 5 years & under	Jnr Ridden 5 years & under	
Exhibitor / Rider Name	DOB if under 18 years	
Horse Name	Registration Number	
DOB	Colour	
Sire	Dam	
Snr Halter 6 years & over	Snr Ridden 6 years & over	
Jnr Halter 5 years & under	Jnr Ridden 5 years & under	
HUNTER CHALLENGE		
Exhibitor / Rider Name	DOB if under 18 years	
Horse Name	Registration Number	
DOB	Colour	
Sire	Dam	
Exhibitor / Rider Name	DOB if under 18 years	
Horse Name	Registration Number	
DOB	Colour	
Sire	Dam	
YOUTH CHALLENGE		
Exhibitor / Rider Name	Rider's DOB & Age	
Horse Name	Registration Number	
DOB	Colour	
Sire	Dam	

NATIONAL CAPITAL HORSE SHOW 2016 STABLING REQUIREMENT FORM

Owners Na	me							Mob Pho				
STABLING (Note: E	Bump in	is 5pm / bur	np ou	t is 5pm ne	ext d	ay. e.	g. In	5pm	Thursday	out b	y 5pm Friday)
STABLING F	EES			0	ne Day		Two [Days		Three Da	ays	Four+ Days
Enclosed St	able			\$	\$28.00		\$38.	.00		\$48.00)	\$58.00
Covered Sta	lls			\$	\$18.00		\$28.	.00		\$38.00)	\$48.00
Туре	In 5pm out 5pr	23 Nov Wed n Thurs Many?	Thu 24 Nov In 5pm Thurs out 5pm Fri How Many	In 5 5pi	i 25 Nov 5pm Fri out m Sat ow Many?	In 5 5pn	Sat 26 Nov In 5pm Sat out 5pm Sun 5pm Mon How Many? Sun 27 Nov In 5pm Sun out 5pm Mon How Many			TOTAL		
Enclosed Stable											\$	
Covered Stall											\$	
Yard											\$	
						ST	ABLI	NG 1	ГОТ	AL	\$	
REFUNDABI	LE ST	ABLE E	BOND									
Stable cleaning	g fee (r	efundab	le upon inspe	ection (of clean stat	ble/s) - \$50	.00 p	er s	table/stall		\$
TOTAL FOR	STAB	LING &	STABLE B	BOND								\$
SPECIAL ST	ABLIN	NG REC	QUESTS (e.g	ı. In V8	if possible; o	oppos	ite Joe	Blog	etc)			
No. of stallio	ns				N	lo. c	f mar	es w	/ith	foal		
FEED & BED	DING											
FOR ALL FEED & BEDDING ORDERS PLEASE CALL BUNGENDORE RURAL 02 6238 1517 NOTE: THE ONLY ACCEPTABLE BEDDING IS STRAW												
CAMPING REQUIREMENTS												
CAMPING				·								
Wed 23 Nov		24 Nov	Fri 25 Nov		Sat 26 Nov		Sun 37			Site Cos	t	TOTAL
No. of sites	No. o	of sites	No. of site	es l	No. of sites		No. of	sites		400.55		
										\$30.00 pe site per nig		
	1		1	<u> </u>						CAMPIN	G	

TOTAL

DRESSAGE ENTRY FORM

Class	Riders Name	Horses Name	Arab Reg/EA Reg	Horse/Pony	Grading Points	Cost
В						
		2				
				TOTAL		
		9	5	TOTAL		
Name:						
				·		
Horses re	nust not compete be estricted to two con e limited to one ride	secutive levels.	el, including Associate Te	ests.		
Highest រុ	percentage Arabian	in each test.	must put registration n	umbers on entr	v form to be	eligible
	nav not he chanaed	-	mast pat registration in	ambers on chi	, 10111110 00	Cligible.

Horses may not be changed or substituted.

Must present to gear steward prior to tests

Entries, with payment, to be received by 7th October 2016.

A self-stamped addressed envelope to be included for return of the draw. If you require copies of the tests a second selfaddressed envelope is to be included.

Cheques made payable to Arabs Inc.

Entries to: Arabs Inc.

GPO Box 1057

Canberra City ACT 2601

Enquiries: 02 48494506

ENTRIES CLOSE FRIDAY 7TH OCTOBER 2016. NO ENTRIES ON THE DAY. ENTRIES POST MARKED AFTER THIS DATE WILL NOT BE ACCEPTED. NO REFUNDS UNDER ANY CIRCUMSTANCES.

INVOICE: TOTAL AMOUNT OWING & PAYMENT

COST OF CLASSES	\$
CATALOGUE / ADMINISTRATION FEE (COMPULSORY)	\$30.00
INSURANCE	\$
STABLING AND STABLE BOND	\$
CAMPING	\$
2016/17 MEMBERSHIP (if joining or renewing)	\$
GRAND TOTAL (Add all of the above)	\$

PAYMENT OPTIONS:

Payment can be made by either:

(a) Attaching a cheque made payable to ARABS INC to your entry form OR

(b) Via an Electronic Bank Transfer which includes your name in the reference field. Our bank details are:

BSB: 012 955

ACCOUNT NO.:2333 29704
ACCOUNT NAME: Arabs Inc
REFERENCE: NCHS <your name>

If this second option is chosen, a copy of your bank transfer receipt must be attached to your entry.

ENTRY FORM CHECK LIST	
Please ensure that you have included:	
Your Arabs Inc. Membership Application form (if joining or renewing).	
Photocopies of ALL registration papers and appropriate breed memberships.	
Your email address & contact number.	
The necessary insurance forms.	
A completed and signed <i>Non-Pro Declaration</i> form if competing in Non-Pro Classes.	
Ticked the "marketing exclusion" box if you do not wish sponsors to have your contact information	
All pages of the entry form.	
Signed and dated your entry form.	
A cheque made payable to ARABS INC or evidence that an EFT Payment has been made, via emailing or attaching your receipt.	

REMINDER: ENTRIES CLOSE FRIDAY 7TH OCOTBER 2016.

The Arabian Horse Society of Australia Limited

ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753 Postal Address: Post Office Box 415 RICHMOND NSW 2753 Telephone: 02 4577 5366 Fax: 02 4587 7509

Email: secretary@ahsa.asn.au Website: www.ahsa.asn.au



NON-PRO DECLARATION

(Effective 1st August 2014)

Definition of a Non-Pro

A non-pro is one who, regardless of his/her equestrian skills and/or accomplishments, in the past three years has not directly or indirectly accepted as payment, goods or money for services usually provided by a professional in the areas of breaking, riding, training, schooling, driving, halter preparation, showing in halter or under saddle. The following activities shall not affect the Non-Pro status of a person who is otherwise qualified;

- a) The writing of books
- b) Accepting remuneration for judging or stewarding c) Speaking at workshops, clinics, seminars or training days in a voluntary capacity where they do not accept a fee for their services.
- d) Receiving prize money or goods as services.
- e) Having the occupation of farrier, veterinarian, stable hand or groom.
- f) Owning or operating a saddlery, stud or breeding farm or boarding stables.

Spouses and immediate family of a trainer are also able to be registered as a Non-Pro, providing they are not involved with any of the above listed activities with horses where the trainer is being paid.

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,
re that I am a NON-PRO.
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e
and and accept all of the
Date

This Declaration is to be completed and presented with your entry to any show where you will be competing in Non-Pro Classes. DO NOT send this declaration to the AHSA.

The Arabian Horse Society of Australia Ltd.

LIABILITY DECLARATION FORM FOR AFFILIATES 2016



EVERY PARTICIPANT WHO WILL BE A HANDLER, RIDER, DRIVER, GROOM & ANYONE HANDLING A HORSE OR PONY MUST COMPLETE THIS DECLARATION

OWNERS OF ALL REGISTERED ARABIANS AND ARABIAN DERIVITATIVES MUST BE CURRENT FINANCIAL MEMBERS OF THE ARABIAN HORSE SOCIETY TO BE ELIGIBLE TO COMPETE.

THE ARABIAN HORSE SOCIETY OF AUSTRALIA LIMITED advises that we are not to allow anyone to show, handle, ride, drive or prepare any horse or pony unless one of the following criteria is met.

DI	EVCE	TICK	THE	ADDRO	PRIATE	BOY.

PLEASE TICK THE APPROPRIATE BOX:	
□ I am a current financial member of this Affiliate and therefore I am covered by th Insurance. My membership number is	hotocopy of my current ne AHSA Ltd Group Public and I have attached a m covered by this Group's rship Card. policy, which provides me ence. ched a photocopy of my nce. policy with a minimum of inder the appropriate fee r each day of this event.
In consideration of your accepting my participation, I hereby undertake to indemnify the o claims, losses, suits and damages made against or suffered by the organizing body by reasonission on the part of any rider, driver, trainer or attendant whilst he/she is attending, richandling any horse so entered or any other horse owned or entered by me, and I agree the part of such rider, driver, handler or attendant found in any action against you to be not have been negligent for the purpose of any claim under this indemnity.	on of any negligent act or ding, driving or otherwise at any act or omission or
Further, I agree to abide by the Rules & Conditions and current Rule Book as laid down by to of Australia Limited and/or contained in any official show schedule and I also agree Showground rules regarding use of their centre and its facilities.	
Print Name:Dated	
Signed:Contact Phone Number:	
For Participants of Minority Age (Under Age 18) This is to certify that I, as a parent/guardian with legal responsibility for this participant, and accept all of the above and consent and agree to his/her release as provided above of myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmle and all liabilities arising from my minor child's involvement or participation in horse sport a this event, even if arising from the negligence of the Releasees.	all the Releasees, and, for ss the Releasees from any
Signature of Parent/Guardian:Dated:	

The Arabian Horse Society of Australia Ltd.

REGISTERED PARTICIPANT APPLICATION 2016



To be completed by participants who are NOT current Financial Members of AHSA Ltd or a current Member of an AHSA Ltd Affiliate Organisation.

Participants* in events organised by AHSA Ltd. Affiliate Organisations, who are not current Financial Members of AHSA Ltd, a current AHSA Ltd Affiliate Organisation, or who do not have any other approved insurance in place, upon completion of this form are deemed to be "Registered Participants" of the event. Protection is afforded to the participant under the AHSA Ltd. Public Liability policy only whilst participating in activities organised and/or run by the AHSA Ltd. Affiliate Organisation at that event where they are liable for causing bodily injury or property damage to others, excluding whilst travelling to and from such event. By completing this form, you agree to abide by the Rules & Conditions of the AHSA Ltd. and any Rules of the event. (*Examples of Participants: handlers/riders/trainers/strappers/grooms etc)

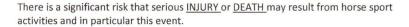
manara, madra, maniera, an appera, 8. come cre,	
Full Name of attendee and guardian (if under 18 years	Date of birth
Associated Stud / Training Facility (if applicable)	
Address	
Horses name(s)	
Event/Activities	
Address of Event/Activity	
Date of Event/Activity	
Name of Organising Body	
Please declare which Registered Participant category	applies to you:
not provide proof of cover under another policy purpose of participating in this AHSA or Affilia Professional Registered Participant is an incompute of provide proof of cover under and purpose of participating in this AHSA or Affilia will provide cover for your Personal Liability afford cover to any business entity and cover NOTE: Whilst Financial Members of the AHSA	lividual who is <u>not</u> a Financial Member of the AHSA and whether policy, who receives any kind of remuneration* for the event. – Insurance cost \$30.00 per day. In this case insurer whilst participating in the registered event only. This does not is limited to the inidividual participant only. A are not covered whilst transacting and/or conducting their related activities they are covered for the purpose of competing

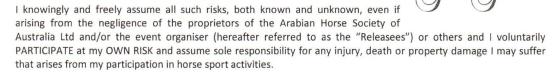
(*Remuneration includes any payment, or payment in kind, received for the purpose of participating as a Registered Participant in the AHSA or Affiliate Event)

Horse Sports are a Dangerous Activity

In consideration for being permitted to participate in any way in horse sport activities and in particular this event, I, the undersigned, understand, acknowledge and accept that:

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





I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this event.

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 <u>CANCELLATION</u> of my participation in the event and my immediate removal from my horse <u>NO MATTER</u> where that may occur. I further agree to abide by the Rules and Conditions of this show and the official Rule Book of the Arabian Horse Society of Australia. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times while riding and take sole responsibility for my actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless and agree not to sue the proprietors of the Arabian Horse Society of Australia Ltd and/or the event organiser, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

I understand that due to diseases such as equine influenza, the Department of Primary Industries, or other state or commonwealth government bodies may restrict or prevent the movement of horses, vehicles and personnel for a time period, otherwise known as a "standstill". I acknowledge that a standstill is a risk of competing and agree to pay any costs or expenses incurred by any person or organisation for and on behalf of my horse(s) as a result of the standstill.

Effect of this Document - I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated: _	_/_	<i></i>		Signature of Par	ticipant:		***************************************	-					
for this p provided indemnif	articip abov y and tion i	e of al hold h	knowledg I the Rel armless t	e (Under Age 18) ge, understand an easees, and, for he Releasees fro activities and in	nd accept a myself, m m any and	all of the ny heirs, all liabil	above a assigns lities aris	ind con , and r sing fro	sent an next of m my i	d agree kin, I r ninor c	to his/lelease hild's in	ner releas and agre- volvemer	se as e to nt or
Dated: _	_/_	J		Signature of Par	ent/Guard	lian:							