



ENTRY SUMMARY SHEET

Exhibitor name.....

The ENTRY SUMMARY SHEET, ALL OPEN, RIDING CLASSES AND HUNTER ENTRY FORMS MUST BE EMAILED TO: IHeartshowhorse@gmail.com WITH ENTRIES PAID BY NO LATER THAN WEDNESDAY JULY 15 AT 8PM. NO LATE ENTRIES ACCEPTED.

COVID DECLARATION AND RELEASE AND WAIVER FROM FOR YOURSELF AND ALL PEOPLE ATTENDING WITH YOU MUST BE FILLED OUT, SIGNED AND EMAILED WITH ENTRY FORMS PRIOR TO CLOSING DATE OF ENTRIES WEDNESDAY JULY 15 AT 8PM

OPEN HORSES

- 1. Total number Open Horses entered
- 2. Total cost of Open Horse entries

SHOW HUNTER HORSES

- 3. Total number Show Hunter Horses entered
- 4. Total cost of Show Hunter Horse entries

RIDING CLASSES

- 5. Total number riders entered
- 6. Total cost of rider classes

TOTAL COST OF ENTRIES

--

Entries will not be deemed accepted until forms have been completed at entry cost paid in full to the nominated bank account. Please note that there are limited numbers and in the event that capacity of classes is met entry acceptances will be on a first come first served basis.

NAMES OF ALL EXHIBITORS, GROOMS, SPECTATORS ATTENDING WITH YOU

.....

Vehicle Registration Number

.....

ACCOUNT DETAILS

CBA Account

NAME I HEART SHOW HORSE

BSB 062 148

ACC 10397015

Please use surname of exhibitor as reference on bank deposit.



HUNTER HORSE ENTRY FORM ONLY

Please fill out ONE form per horse you wish to enter. Please provide all details requested by form. Please place a tick beside each class you wish to enter for that horse in the column provided.

We are pleased that this event does not have any administration fees, drug levy, catalogue print fees, gate entry or any other associated costs with entries.

INFORMATION

Competitors name Phone Email.....

Address.....Signature.....

Horse Registered Name.....Height.....

Horse address.....

Emergency Contact Name.....Phone.....

OPEN CLASSES	Select Class
25A Show Hunter Leading Rein \$50.00	
26 Show Hunter Small Pony \$70.00	
27 Show Hunter Large Pony \$70.00	
28 Show Hunter Small Galloway \$70.00	
29 Show Hunter Large Galloway \$70.00	
30 Show Hunter Small Hack \$70.00	
31 Show Hunter Large Hack \$70.00	
FUTURE STAR CLASSES	
42 FUTURE STARS SHOW HUNTER HACK \$50.00	
41 FUTURE STARS SHOW HUNTER GALLOWAY \$50.00	
40 FUTURE STARS SHOW HUNTER PONY \$50.00	
CHILDS CLASSES	
16 Childs Show Hunter Hack \$50.00	
17 Childs Show Hunter Galloway \$50.00	
18 Childs Show Hunter Pony \$50.00	
OWNER RIDER	
12 Owner Rider Show Hunter Hack \$50.00	
11 Owner rider Show Hunter Galloway \$50.00	
10 Owner rider Show Hunter Pony \$50.00	
PRELIMINARY	
04 Preliminary Show Hunter Pony \$50.00	
05 Preliminary Show Hunter Galloway \$50.00	
06 Preliminary Show Hunter Hack \$50.00	

Total cost of classes	\$
------------------------------	-----------



OPEN SHOW HORSE ENTRY FORM ONLY

Please fill out ONE form per horse you wish to enter. Please provide all details requested by form. Please place a tick beside each class you wish to enter for that horse in the column provided.

We are pleased that this event does not have any administration fees, drug levy, catalogue print fees, gate entry or any other associated costs with entries.

INFORMATION

Competitors name PhoneEmail.....

Address.....Signature.....

Horse Registered Name.....Height.....

Horse address.....

Emergency Contact Name.....Phone.....

Open Classes	Select Class
19 Open Leading Rein \$50.00	
20 Open Small Pony \$70.00	
21 Open Large Pony \$70.00	
22 Open Small Galloway \$70.00	
23 Open Large Galloway \$70.00	
24 Open Small Hack \$70.00	
25 Open Large Hack \$70.00	
FUTURE STAR CLASSES	
39 FUTURE STARS OPEN HACK \$50.00	
38 FUTURE STARS OPEN GALLOWAY \$50.00	
37 FUTURE STARS OPEN PONY \$50.00	
CHILDS CLASSES	
15 Childs Open Hack \$50.00	
14 Childs Open Galloway \$50.00	
13 Childs Open Pony \$50.00	
OWNER RIDER	
09 Owner Rider Hack \$50.00	
08 Owner rider Galloway \$50.00	
07 Owner rider Pony \$50.00	
PRELIMINARY	
01 Preliminary Open Pony \$50.00	
02 Preliminary Open Galloway \$50.00	
03 Preliminary Open Hack \$50.00	

Total cost of classes	\$
------------------------------	-----------



RIDER CLASS ENTRY FORM

Please fill out ONE form for each rider. Please provide all details requested by form. Please select class by placing a tick in the column provided.

We are pleased that this event does not have any administration fees, drug levy, catalogue print fees, gate entry or any other associated costs with entries.

INFORMATION

Competitors nameAge.....

Parent or Gaudian Name..... PhoneEmail.....

Address.....Signature.....

Horse Registered Name.....Height (per most recent cert)

Horse address.....

CLASS SELECTION	Select Class
32 Rider 6 Years and Under 9 Years \$70.00	
33 Rider 9 Years and Under 12 Years \$70.00	
34 Rider 12 Years and Under 15 Years \$70.00	
35 Rider 15 years and Under 18 Years \$70.00	
Rider 18 Years and Over \$70.00	

Total cost of classes	\$
-----------------------	----

COVID-19 Self Declaration Form:

Please state whether you are filling out for yourself or for a child under the age of 18



A separate form is to be completed by yourself and everyone travelling with you to the event.

For the health and safety of our Equestrian community, a self-declaration form is required.

As a condition of entry, please complete the form and ensure the information given is accurate.

Name	
Contact Number	
Email	
Address	
Self-Declaration Yes No	
Have you in the past month been in contact with someone diagnosed or suspected to have COVID19	
Are you presenting any of the following symptoms?	
Fever	
Cough	
Shortness of breath	
Persistent pain in the chest	
Have you been present in a government declared COVID hotspot in the past 21 days?	

Please note if any of your above responses change at any time closer to the event you must contact us via email on iheartshowhorse@gmail.com prior to the event.

If you have answered YES to any of these questions, please advise the organising committee for direction.

We ask for your full support as we all have a shared responsibility to minimise the risk of exposure.

Self declaration records will be kept securely and retained for a period following the event.

Please let us know if you have any questions or concerns and thank you for your co-operation.

Type of Vehicle (circle relevant one)

Vehicle and Float Vehicle and Gooseneck Truck

Vehicle Registration Number: _____

Signature..... OR Signature of parent/guardian.....

Date

**RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

NAME:

ADDRESS:

EVENT: I Heart Show Horse Championships



NOTE: the Competition & Consumer Act 2010 ("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 Event, participants, 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 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 OR OTHERWISE.

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.

NAME (BLOCK LETTERS).....

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 above named, 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 Organisers, Branch, club/coach, participants, 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 Competition & Consumer Act (Cth) (or similar legislation)

By signing hereunder I confirm having read and understood the contents of this disclaimer.

NAME (BLOCK LETTERS).....

SIGN HERE DATE.....