

CARRIAGE DRIVING 2019 ENTRY FORM

In person entry applications close at 4:00 pm on Friday 1st November 2019.

E-mail entries to – entries@albanysshow.org.au.
Please refer to Rules of Entry as they appear in the Schedule.
NO LATE ENTRIES ACCEPTED

EXHIBITORS NAME: _____ Telephone: _____

ADDRESS: _____ Postcode: _____

AGE (if child) _____ Email Address: _____

One Driver per set of forms please. Additional Forms available from Secretary or the Web site.
The total entry fees must be lodged with this entry form. All listed fees include GST.
All vehicle occupants must have valid members ticket or pay at the gate PRIOR to entering the ground.

To be eligible for any Thoroughbred / Standardbred High Point offered you must nominate in the section below.

Horse's Current Name _____ Horse's Stud Book Name _____

YARDS and CAMPING: Available at Albany Equestrian Centre.
\$5.00 per horse per night. Bookings with Karen Mayfield 0408 099 757.

SECTION	CLASSES	SECTION ENTRY FEE	FEE
509	Carriage Driving	\$6.00 per Class (Members) \$8.00 (Non-Members)	
	Carriage Driving Dressage	\$15.00 per Test	
	Dressage Levy	\$5.00 per horse	
If submitting by post or email please add processing and postage			\$2-50
TOTAL Fee \$			

Payment and Competition Entry options:

1. **Online by EFT NAB BSB 086-518 Acc 508300477 (ref. Family Name) – then post / email application form & payment confirmation**
2. **IN PERSON by Cash / Cheque / Money Order / Visa / MasterCard**
3. **BY MAIL – application form & payment by Cheque / Money Order / Visa / MasterCard to Post Office Box 392, ALBANY WA 6331**

Card details / / / Expiry date /

PRIVACY ACT STATEMENT The information provided by you in this Application is collected and used by the Albany Agricultural Society Incorporated to organise and conduct competitions and or exhibitions at the Albany Agricultural Show. We may publish details such as your Name, Photograph and Exhibit details in any Albany Agricultural Society publication or media communication. Such information may also be made available to, and published by the media. We will not disclose your personal information without your consent for any other purpose unless required or authorised by law. You may request access to your personal information and, if necessary, request that our records of that information be corrected by writing to the Secretary, in writing, Albany Agricultural Society Incorporated, Post Office Box 392, Albany WA 6331 or by Email: aas@albanysshow.org.au

I hereby certify the above particulars are correct and agree to conform to accept the rules and regulations governing this Show as held at the Secretary's office and I hereby hold the Society free from any liability in respect of any mistakes or errors, which may be made in connection with the entries. I understand that all persons entering in the Horse in Action or other events do so at their own risk and shall hold the Society blameless and indemnified against any legal proceedings from any accident at the Albany Show. I agree to the above conditions.

Name of Exhibitor or Guardian (if under 18): _____

Signature: _____ Dated ____/____/ 2019

Member Dangerous Activity Acknowledgement

Full Name of participant (and of guardian if under 18 years).....

.....

Address.....

StatePost Code.....Date of Birth

Name of Club/Organisation **Albany Agricultural Society Inc.**

Membership No.

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

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

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

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 **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant ACDS rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/ 2019 Signature of Driver.....

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/ 2019 Signature of Guardian

