



EquiSport BOP

ENTRY FORM

Rider Name: _____

Horse Name: _____

Email: _____

Contact Phone: _____

Class (Please circle one)

Intro (Green horse or rider, or new combination)

Rookie (done this before, or experienced combination)

Entry \$30.00

Direct Credit to; H Edwardson 02-0488-0030587-000 REF: Your Name

EMAIL COMPLETED ENTRY TO hannah.edwardson@kaweraudc.govt.nz

Indemnity

I accept that the landowners have given permission to hold this event and i indemnity them and all organisers of this event from all and any liability, loss or damage including liability under the Health and Safety in Employment Act and accept all risks personally for myself and my horse.

I accept that organisers reserve the right to check my horse and not allow the start of the competition if my horse is deemed unfit for any reason.

I accept the decisions made by the Judges and Organisers as final.

I acknowledge that i have sole responsibility for my horse and possessions for the duration of the event and agree to take reasonable care with regards to the farmland and provided equipment. I agree that organisers may cancel or downgrade the event in the case of adverse weather or unforeseen circumstances.

Refunds for entry cancellations will only be granted with a medical or vet certificate at the discretion of the organisers.

Signed: _____

Date: _____



All enquiries to Hannah Edwardson,

Cell 027 703 7413 or

Email: hannah.edwardson@kaweraudc.govt.nz