

The 5th VAHA Summer Show Entry Form - Page 1

Saturday 18th February 2017

at Tonimbuk

Name of Exhibitor (registered owner):

AHSA Membership No (compulsory) VAHA Membership No (if applicable)

Postal Address: Post Code.....

Telephone: Mobile: E-Mail:

The exhibits named in these forms are registered with AHSA Ltd and are entered in compliance with all Conditions of Entry and I hereby certify the correctness of each Exhibit's particulars. I also note that I will not be recompensed for exhibits entered that are not shown or do not comply, what ever the reason and that I will not seek a refund.

Signed: Dated/..... 2017

Name of Exhibitor to appear in the Catalogue:

Please make cheques payable to: Victorian Arabian Horse Association Inc.

Direct deposit can be made and a receipt of payment MUST be attached with entries.

Credit facilities are not available.

Commonwealth Bank BSB 063-012 Account No 1070 7708

Send ALL entry forms together with payment and a copy of ALL required paperwork**
(Registration, AHSA Membership, VAHA Membership, Liability, Non Pro, Payment receipt):

Mail to: The Secretary, PO Box 449, Romsey, 3434

Email to: vahashows@westnet.com.au

**** A \$20 surcharge will be applied to any incomplete or incorrect entries**

Total of Entries

Transfer amounts from other forms

Catalogue & Administration fee	COMPULSORY	\$ 25.00
Tonimbuk Amenities fee @ \$10 per horse per day	x _____	\$
Back Numbers @ \$5.00 per horse	x _____	\$
Total of class entries (from class entry page)		\$
Day / Professional Insurance if applicable complete relevant form		\$
Stabling – To be booked through Nominate		-
Camping – To be booked through Nominate		-
VAHA Membership – (from membership form)		\$
Sponsorship		\$
Payment Method (please indicate)	TOTAL	\$
DD	Cheque	Office Use only

Stable and Camping bookings must be done through Nominate they are NOT to be done with these entries.

5th VAHA SUMMER SHOW – EXHIBIT AND CLASS ENTRY DETAILS

Horse Name:				DOB:		Sex:		AHSA Reg:	
Colour:		Height:		Other Registry:			Other Reg. No.:		
Sire:					Dam:				
Youth Name:				Youth DOB:		Non-Pro Name:			
Class Numbers & FEES	1.	2.	3.	4.	5.	6.	7.	8.	9.
	\$	\$	\$	\$	\$	\$	\$	\$	\$
10.	11.	12.	Youth Package (Please circle)		Multi Class Package (Please circle)				
\$	\$	\$	\$70		\$100				

Horse Name:				DOB:		Sex:		ASHA Reg:	
Colour:		Height:		Other Registry:			Other Reg. No.:		
Sire:					Dam:				
Youth Name:				Youth DOB:		Non-Pro Name:			
Class Numbers & FEES	1.	2.	3.	4.	5.	6.	7.	8.	9.
	\$	\$	\$	\$	\$	\$	\$	\$	\$
10.	11.	12.	Youth Package (Please circle)		Multi Class Package (Please circle)				
\$	\$	\$	\$70		\$100				

CLASS ENTRY FEES FROM ABOVE:	\$
Transfer to page 1	

** For multiple horses, please copy this form and attach**

Victorian Arabian Horse Association Inc. Membership Application 2016/17



ABN 77 115 844 880
PO Box 408, Wallan, Victoria 3756

Name(s)	
Postal Address	
Phone (H)	
Phone (M)	
Email	
AHSA Membership No. (if applicable)	

Do you wish for the above details to remain confidential? Yes No

New Membership Renewal of Membership (please indicate)

*Membership without insurance 1/7/16 - 30/6/17 \$45.00 per person/household ()
 Membership with insurance 1/7/16 - 30/6/17 \$75.00 per person/household ()

*Junior Membership without insurance 1/7/16 - 30/6/17 \$30.00 per child ()
 Junior Membership with insurance 1/7/16 - 30/6/17 \$60 per child ()

If you are a member of the Arabian Horse Society Of Australia (AHSA) you are covered by their liability insurance policy. Please state Member Number Above. If you are not an AHSA member and wish to have insurance cover, please choose Membership with insurance option.

I agree to abide by the rules of The Victorian Arabian Horse Association. I agree that the information I have provided is true and correct.

Signed _____ Date _____

Please find a Cheque/Money Order enclosed for \$

If paying by Direct Deposit please use "membership" and your last name as reference and enclose a printed copy of the transfer.

Commonwealth Bank
 Account name: The Victorian Arabian Horse Association Inc.
 BSB 063 012 Account 1070 7708

Do you have Liability Insurance Yes () No ()

If yes, with whom, AHSA or other, please specify _____

The Arabian Horse Society of Australia Limited

ABN 12 001 281 590
226 George Street
Windsor NSW 2756
Telephone: 02 4577 5366
Fax: 02 4587 7509
Website: www.ahsa.asn.au



AHSA

society
of australia

Postal Address:
Locked Bag No. 6
WINDSOR NSW 2756

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.

In accordance with the definition of a Non-Pro (as above), I,
(print name)

of.....declare that I am a NON-PRO.
(address)

Signature _____ Phone Number _____

Address _____ Postcode _____

Witness Signature _____ Date _____

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.

Signature _____ Date _____

Witness Signature _____

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.



LIABILITY DECLARATION FORM FOR AFFILIATES 2015

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 DERIVATIVES 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.

PLEASE TICK THE APPROPRIATE BOX:

- I am a current financial member of this Affiliate and therefore I am covered by this Group’s Public Liability Insurance. My membership number is and I have attached a photocopy of my current membership card.
- I am a current financial member of The AHSA Ltd and therefore I am covered by The AHSA Ltd Group Public Liability Insurance. My membership number with The AHSA is and I have attached a photocopy of my current AHSA Membership Card.
- I am a current financial member of another AHSA Affiliate group and therefore I am covered by this Group’s Public Liability Insurance. I have attached a photocopy of my AHSA Affiliate Membership Card.
- I am a current member of an equine association, and/or I hold a current insurance policy, which provides me with 24/7 Public Liability insurance to the minimum limit of \$10,000,000 per occurrence. My membership / policy number is and I have attached a photocopy of my Membership Card / Insurance Policy / Certificate of Currency as proof of this insurance.
- I am not a member of any of the above and do not have a current Public Liability policy with a minimum of \$10,000,000 cover so will complete the Registered Participant Application and tender the appropriate fee per day (including GST) to cover the cost of participation with this affiliate group for each day of this event. I am also aware that this is not Personal Liability Insurance so cover does not extend to cover travel to and from this show.

In consideration of your accepting my participation, I hereby undertake to indemnify the organizing body against all claims, losses, suits and damages made against or suffered by the organizing body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he/she is attending, riding, driving or otherwise handling any horse so entered or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be negligent shall be deemed to have been negligent for the purpose of any claim under this indemnity.

Further, I agree to abide by the Rules & Conditions and current Rule Book as laid down by the Arabian Horse Society of Australia Limited and/or contained in any official show schedule and I also agree to abide by all of the 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, acknowledge, understand and accept all of the above and consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child’s involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

Signature of Parent/Guardian:.....Dated:.....



REGISTERED PARTICIPANT APPLICATION 2015

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)

Full Name of attendee and guardian (if under 18 years) _____ Date of birth _____

Associated Stud / Training Facility (if applicable)--- _____

Address _____ State _____ Post Code _____

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:

Unprofessional Registered Participant is an individual who is not a Financial Member of the AHSA and who does not provide proof of cover under another policy, and who does not receive any kind of remuneration* for the purpose of participating in this AHSA or Affiliate event. – Insurance cost \$10.00 per day.

Professional Registered Participant is an individual who is not a Financial Member of the AHSA and who does not provide proof of cover under another policy, who receives any kind of remuneration* for the purpose of participating in this AHSA or Affiliate event. – Insurance cost \$30.00 per day. In this case insurers will provide cover for your Personal Liability whilst participating in the registered event only. This does not afford cover to any business entity and cover is limited to the individual participant only.

NOTE: Whilst **Financial Members** of the AHSA are not covered whilst transacting and/or conducting their own income earning commercial or business related activities they are covered for the purpose of competing in the AHSA or AHSA Affiliate show even in a Professional capacity.

(*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.



There is a significant risk that serious INJURY or DEATH may result from horse sport activities and in particular this event.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the proprietors of the Arabian Horse Society of Australia Ltd and/or the event organiser (hereafter referred to as the "Releasees") or others and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

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 CANCELLATION of my participation in the event and my immediate removal from my horse NO MATTER 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: ___/___/___

Signature of Participant: _____

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 his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

Dated: ___/___/___

Signature of Parent/Guardian: _____

Tonimbuk Horse Trials.Inc

Release of Waiver of Liability

Full name of attendee (and guardian if attendee under 18 yrs).....

Full Address.....

Horse's Name.....

Event/Activity.....

Date of Event/Activity.....

Name of affiliate or Instructor(s) holding Event/Activity.....

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 above named, understand and 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.

There is significant risk that serious **INJURY** or **DEATH** may result from horse sport activities and in particular this event.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the proprietors and managers of Tonimbuk Equestrian Centre, the Tonimbuk Horse Trials Committee Inc (hereafter referred to as the Releasees) or others and **I voluntarily participate at my own risk** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in this horse sport activity.

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 organizer or official and that any misconduct or refusal by me to follow any direction of the organizer or official can result in the **CANCELLATION** of my participation in the event and my immediate removal from my horse **NO MATTER** where that may occur. 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 and approved helmet at all times during the event and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I, for myself and on behalf on my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE** the proprietors of the Tonimbuk Equestrian Centre and the managers of the same, Tonimbuk Horse Trials Committee Inc, 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 the premises used to conduct the activities (all of whom are referred to as the 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.**

Effect of this document

I have had sufficient opportunity to read this release of liability an 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 child(ren) under my care suffering injury or death.

Dated:...../...../2015

Signature of rider/guardian:.....

For participants of Minority Age (Under 18 years)

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 his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.**

Dated:...../...../2015

Signature of parent/guardian:.....
