PROUDLY BROUGHT TO YOU BY
Atherton Tableland Agricultural Society

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ABN: 65 861 621 504

Dressage Entry Form

Exhibitor Full Name			
If under 18 Parent/ Guardian Name			
Postal Address			
Phone		**Mobile**	
Email			

Exhibit # *Office Use Only*	**Sect #**	**Class #**	**Name of Horse and Microchip # (Hendra Check)**	**Rider DOB** (Juniors)	**Entry Fee**
			Total Entry Fees Payable		$

☐ Please pay my prizemoney directly to my bank account.
BSB: __ __ __ __ __ __ Account No: __ __ __ __ __ __ __ __ __ __ __ __
Name of Acct: __
*Prizemoney not collected by 30th September will be deemed a donation to the Show Society.

Dangerous Activity Acknowledgement

1. I, the undersigned, accept that horse sports is a dangerous activity and and that there is a significant risk that serious injury or death may result from horse sport activities.
2. I agree that any misconduct or refusal by me to follow any direction of any organiser or official can result in the immediate removal of me and my horse from the venue.
3. I agree to wear an approved helmet at all times whilst participating in the sport.
4. I agree to indemnify the Atherton Tableland Agricultural Society Inc, against Liability for any accident, damage, loss or illness caused to anyone, including but not limited to myself or my property, or a member of the public during any part of the event, including but not limited to preparation, competition, judging, performing or displaying.
5. I have read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.
6. I will provide a signed Horse Health Declaration with proof of Hendra Vaccination upon arrival at the Showgrounds.

Signature…… Date……

For participants of minority age (under age 18), a parent or guardian with legal responsibility for this participant must sign on their behalf.

Office Use Only					
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