



Address: 316 Lower Mountain Road, Dundowran Qld 4655

Postal Address: 414 Sanctuary Hills Road, Takura Qld 4655

Email: herveybayactiveriders@gmail.com

Website: www.herveybayactiveriders.com.au



Hervey Bay Active Riders Inc. Maryborough Masters Games Nomination Form

HBAR Fees

Event Fees	Amount	Tick
Member Event Nomination: Saturday & Sunday	\$60.00	
Non-Member Event Nomination & Insurance: Saturday & Sunday	\$100.00	
Camping: Per Night, Per Site	\$15.00	
Stable Fee: Per Night, Per Horse	\$10.00	
Stable Bond: Per Stable	\$10.00	

Event Age Groups

Your Age Group is determined by your age as of the 1 st January 2025	
Ringers	30 – 39 years of age
Mavericks	40 - 49 years of age
Outlaws	50 + years of age

Member/s Details

First Name	Surname	DOB	Age	Age Group
		/ /		
Medical Conditions				Is Medical Clearance Given?
				YES NO
First Name	Surname	DOB	Age	Age Group
		/ /		
Medical Conditions				Is Medical Clearance Given?
				YES NO
First Name	Surname	DOB	Age	Age Group
		/ /		
Medical Conditions				Is Medical Clearance Given?
				YES NO
First Name	Surname	DOB	Age	Age Group
		/ /		
Medical Conditions				Is Medical Clearance Given?
				YES NO

Phone/Email Contact

Mobile:	
Email:	

Address of Where Horse is Kept

	RBE#	PIC#

Postal Address if different

Emergency Contact

Next of Kin	Relationship	Phone Number

Medical Information

Doctor	Surgery	Phone

Vet	Surgery	Phone

Please Confirm

Have you completed an EQ Waiver?		Have you completed a Photo/Video Release?		Have you completed a Horse Health Declaration?	
Yes	No	Yes	No	Yes	No

Name	Signature	Date
Guardian Name	Guardian Signature	Date

Banking Details	
Account Name	Hervey Bay Active Riders
BSB:	633 000
Account Number:	133 598 334



Member Release and Waiver of Liability

(This Release and Waiver will apply to all Equestrian Qld endorsed activities)



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

.....

Address.....

State.....Post Code.....Date of Birth.....

Name of Club/Organisation.....

Membership No.....

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

Horse Sports are a dangerous recreation 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 knowingly and freely assume all such risks, both known and unknown, 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 activities 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 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 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 as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding where this is required under the relevant EFA and FEI Rules and Regulations and agree that I am solely responsible for ensuring that whilst riding I wear a suitable helmet at all times where required under the relevant EFA and FEI Rules and Regulations and take sole responsibility for my actions

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___ 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 my minor child's involvement or participation in horse sport activities

Dated: ___/___/___ Signature of rider/guardian_____



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Horse Health Declaration

Owner or person in charge of horse/s:

Name:			
Address:			
State:		Post Code:	
Phone:		Email:	

Property / Origin of horse/s:

Property Name:		Property #:	
Street / Road etc:		Town:	
State:		Post Code:	
RBE #:		PIC #:	

No. of Stock:	Breed:	Gender	Brand / Microchip	Horse Name

Stabling / Camping:

Are you stabling horse/s overnight? (Please Circle)	YES	NO
Date/s you will be on the Dundowran Equestrian Park Grounds:	From:	To:

Declaration by owner or person in charge of horse/s:

I, _____ declare that the horse/s named above has/have been in good health, eating normally and has not shown signs of illness during the last three (3) days leading up to today's event (today's date) ____/____/____. I give my authorization for HBAR steward to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be cleaned and their hooves will be picked clean of all solid material.
2. All equipment being brought onto the grounds will be my responsibility and not shared with other horses, this includes water buckets, brushes, bridles etc.
3. I agree to abide by all conditions and directions of the HBAR Committee.
4. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by the HBAR Committee.
5. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.

Name:			
Signature:		Date	



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Photo / Recordings Release Form

I/We, _____ (name/s),

Of, _____ (address)

Grant permission to the Hervey Bay Active Riders Inc. to use, reproduce and communicate (in hardcopy or electronic format) any photographs, audio and/or video recordings taken of me/us, that may be taken throughout the Club Season at any calendar events for the following purposes:

- ❖ Hervey Bay Active Riders Inc. publications and promotional activities (including but not limited to the Hervey Bay Active Riders inc. website and social media sites, promotional and marketing materials and recruitment activities).
- ❖ Hervey Bay Active Riders Inc. administrative purposes.

I/We, acknowledge and agree that this may result in public disclosure of my/our images/s.

Name: _____

Signature: _____

Date: ____ / ____ / ____ .

If at any time I do not wish for a photo, video or audio to be released, I acknowledge that I will contact the committee directly, in writing, to have such removed.

Name: _____

Signature: _____

Date: ____ / ____ / ____ .