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Website: [www.herveybayactiveriders.com.au](http://www.herveybayactiveriders.com.au)



## Hervey Bay Active Riders Inc. Trail Ride Nomination Form

### HBAR Event Fees

Memberships	Fees	Tick
Event Nomination	\$15.00	
<b>Are You A Hervey Bay Active Riders Member</b>	YES	NO
Day Membership Individual (Doesn't include Event Fee)	\$20.00	
Day Membership Family (Immediate Family 2A + 3 Ch) (Doesn't include Event Fee)	\$40.00	
Camping (per person)	\$	
Stabling (per night or if day fee)	\$	

### Member/s Details

NO.	First Name	Surname	DOB	Horse's Name
1.			/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	

### Emergency Contact

Next of Kin	Relationship	Phone Number

### Documentation Confirmation on Second Page (or separately)

Have you completed the Membership Form?		Have you completed the Waiver?		Have you completed the Horse Health Declaration?	
Yes	No	Yes	No	Yes	No

**Waiver/Disclaimer:**

By Signing the Hervey Bay Active Riders Inc. Nomination Form, including the Waiver, I understand and acknowledge the following:

- 1) Horse sports are a dangerous activity and that horses can suddenly act in an unpredictable manner, especially if frightened or hurt.
- 2) I understand and acknowledge that serious injury or death may result from horse sport activities, including this event and that I participate at my own risk.
- 3) I agree not to drink alcohol or take drugs prohibited by law before and during competition.
- 4) I agree that I will not ride in the event of illness or injury that may inhibit my ability to ride safely and cause injury or worse.
- 5) I understand that my signature to this Nomination Form constitutes as complete and unconditional release of all liability to Hervey Bay Active Riders Inc., including all of its state bodies, committee, coaches and affiliated Clubs or organisations to the greatest extent allowed by the law in the event of me/or the children under my care suffering injury or death.

Name	Signature	Date
Guardian Name	Guardian Signature	Date

**Horse Health Declaration:****Property / Origin of horse/s:**

RBE #:		PIC #:			
No. of Stock:	Breed:	Gender	Brand / Microchip	Horse Name	
1.					
2.					
3.					
4.					

**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 & has no 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 & 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 & 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	

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