

**Wanneroo Riding & Therapeutic Centre
Show Jump Training Rounds
Entry and Waiver Form**

Event:

Date:

**Please complete and return to
wrtceventswa@gmail.com**

Entry Form

Horse & Rider Details

Riders Name:

Contact Number:

Email Address:

Horses Name:

Rounds (maximum of 3 rounds per horse)

☐

Poles

☐

60 cm

☐

30 cm

☐

70 cm

☐

40 cm

☐

80 cm

☐

50 cm

Medical Conditions/Disabilities/ Special Requirements:

Please detail any medical conditions, disabilities or special requirements you or your child may have.

Emergency Information

I advise that I Do / Do Not have ambulance cover

Emergency Contact Details

Name:

Contact Number:

Relationship to rider:

I acknowledge that the information I have provided above is true and accurate to the best of my knowledge

Name:

Signature:

Release of Waiver of Liability

I would like to participate in the WRTC Show Jump Training Round. I understand that this is an uninsured event and that there is no medical supervision on hand at the event.

I understand, acknowledge and accept the following;

- That horse riding can be a dangerous sport and that horses by their very nature can be unpredictable, especially when being ridden in unusual surroundings and in a group environment.
- There is a significant risk of serious injury and even death, from participating in horse sports. As such 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 injuries to myself, my horse or my property.
- I agree to follow all safety precautions, wear appropriate clothing and safety equipment, including helmet, whilst participating in this event.
- I have had sufficient opportunity to read this and I fully agree and understand the risks associated in participating in this event

By signing this waiver I acknowledge that Wanneroo Riding and Therapeutic Centre have taken all necessary precautions to assure my safety and I waive any rights to sue them, the business or any member of staff, for any injury, loss or damage that occurs to myself, my horse and my property.

Name:

Date:

Signature:

Payment

Your booking will only be complete once this form has been returned to wrtceventswa@gmail.com and the entry fees paid.

Payment to be made to;

Kate Jessop
BSB 062 692
Acc No 4459 7968