

C/o The Secretary, BEA Barbados Olympic Association Headquarters, Wildey, St Michael, Barbados.

barbadosequestrian@gmail.com

The Barbados Equestrian Association (B.E.A) Requires that an Annual Waiver Form be completed and signed before competing in your first event for the year 2024.

NAME OF PARTIC	CIPANT:			
HOME ADDRESS.				Co untry
TEL:	CELL:	Email:		
		or physical condition/injur cy. Yes No	y or other condition that s	hould be taken into
If YES, please out briefly:				
· All riders and painstructions giver	articipants agree to con by any Officer, repr	omply with the FEI's Code esenting the Association, v	of Conduct & Welfare of t	neld under the auspices of the
· The B.E.A. reser inconsistent with unsuitable for the behalf of the part	the F.E.I's Code of Co em to participate. The ticipant, or alternativ	onduct & Welfare of the He e Barbados Equestrian Ass	orse or should any mental ociation reserves the right rinarian examination, at the	se, should their behaviour be or physical condition deems it to make such a judgement on ne expense of the participant,
are not liable for groom, spectator	any accident, loss, th or participant, vehic	eft, damage, injury, illness	s or death, which is suffere cessories or any other per	y venue utilised by the B.E.A., ed by any rider, horse, owner, son or property whatsoever,
this form. Should	you require informa	ation as to how you may a	nt you are required to clarif cquire a copy of any docun ion from the Secretary of	
I HAVE READ, UN	DERSTOOD AND AGI	REE TO THE FOREGOING.		
Signed by:			Date:	
•				
•				
Signature		On behalf	f of the Barbados Equestria	an Association (B.E.A.)

Our mission: The Barbados Equestrian Association exists to Build, Encourage and Advance the continuing development and progress of Equestrian Sports in Barbados.