|  |
| --- |
| **Bib Number** |
| **Senior:** |
| **Junior:** |



**Ride Entry Form**

|  |
| --- |
| **Event:** |
| **Location:** |
| **Event Dates:** |

 **Ride Entered** Please tick appropriate ride

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Single Day Ride** | Starter | Newcomer | Improver | Novice | Open |
| **Multi-day Ride** | Micro  | Mini  | Open |  |  |
| **Other** |  |

 **Rider & Horse details**

|  |  |
| --- | --- |
| **Member Rider Details** | **Horse Details - with TADRA passport** |
| **Rider Name** |  | **Horse Name** |  |
| **TADRA Member Number** |  | **TADRA Horse Number** |  |
| **Current Rider Level** |  | **Current Horse Level** |  |
| **Non-member Rider Details** | **Horse Details - without TADRA passport** |
| **Rider Name** |  | **Horse Name** |  |
| **Date of Birth** |  | **Date of Birth** |  |
| **Address** |    | **Microchip Number** |  |
| **Breed** |  |
| **State** |  | **Postcode** |  |
| **Phone** |  | **Sex** | Stallion | Mare | Gelding**Important:**All entrants **are** covered by TADRA Public Liability insurance, but are fully responsible for having their own Personal Accident insurance cover. |
| **Email** |  |
| **Emergency contact details** |
| **Name** |  |
| **Phone** |  |
| **For Junior riders only** |
| **Responsible Adult Name** |  |
| **Phone** |  |
| **Signature** |  |

 **Rider Declaration**

I acknowledge and accept that horse riding and its ancillary activities carry significant risk of injury, loss (including third party loss) and potentially, death.

I agree that I will abide by the TADRA rules and will ride safely within my capabilities.

In consideration of TADRA accepting my ride entry, on behalf of myself, my heirs, successors, executors and assigns, I accept the risks set out above and I release and hold harmless The Australian Distance Riding Association Inc (TADRA), the office bearers of TADRA, the Event Organising committee, the ride officials and any other persons assisting the ride officials at the event against any claims or liabilities whatsoever including without limitation, financial loss including third party loss, injury to myself or my horses or other animals or injury to other persons or their property.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Declaration**

On behalf of the following named children:

I acknowledge and accept that horse riding and its ancillary activities carry significant risk of injury, loss (including third party loss) and potentially, death.

I agree that the above-named child/ren will abide by TADRA rules and will always ride safely within his/her capabilities.

In consideration of TADRA accepting my ride entry, on behalf of the above named child/ren; myself, my heirs, successors, executors and assigns, I accept the risks set out above and I release and hold harmless The Australian Distance Riding Association Inc (TADRA), the office bearers of TADRA, the Event Organising committee, the ride officials and any other persons assisting the ride officials at the event against any claims or liabilities whatsoever including without limitation, financial loss including third party loss, injury to the aforementioned named children, myself, my horses, other animals or injury to other persons or their property.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Person Declaration**

I declare that I have principally been responsible for the primary care and control of this horse in preparation for this event including but not limited to the oversight of the exercise, nutritional and veterinary program for the horse and any and all representations regarding this horse are true and correct.

I acknowledge the TADRA EADCM Rules and declare this horse to be free of any prohibited or banned substance as required in those Rules.

On the basis of my observations over the past two weeks regarding the eating, drinking, urinating, defecating and general behaviour of this horse, I declare the horse entered in this event is healthy and where required, the TADRA Horse Movement Record and Temperature Log have been diligently and truthfully completed.

Responsible Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Person TADRA Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Person Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_