Bib Number	Ride Entry Form	
	Event:	TADRA
Senior:	Location:	
Junior:	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				Horse			
Name				Name			
TADRA	A Member			TAD	RA Horse		
Number		N	umber				
Current Rider Level		Current Horse Level					
Non-member Rider Details		Horse Details - with <u>out</u> TADRA passport					
Rider				Horse			
Name				Name			
Date of	Birth			Date	e of Birth		
Address				Microchi	p Number		
				Breed			
State	Pos	tcode					
Phone				Sex	Stallion	Mare	Gelding
Email					Impo	ortant:	
Emergency contact details			mpc				
Name		All entrants <u>are</u> covered by					
Phone				-	TADRA Pu	blic Liabi	lity
For Junior riders only		insurance, but are <u>fully</u>					
Responsible Adult Name		responsible for having their					
Phone				C	own Perso	nal Accic	lent
Signa	ture				insuran	ce cover	

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:	