

# *The Collie Show*

## *Equestrian events Entry Form*

NAME	
ADDRESS	
PHONE	
MOBILE	
EMAIL	

**NO ENTRY WILL BE ACCEPTED LATER THAN 5pm ON  
THE FRIDAY OF WEEK PRIOR TO SHOW**

**I have read the rules & regulations of The Collie Agricultural Society Inc.  
And agree to abide by these at all times.**

**DECLARATION FORM MUST BE HANDED TO STEWARD ON SHOW DAY  
FAILURE TO DO SO WILL RESULT IN DENIAL OF ENTRY**

SIGNED

AGE IF UNDER 18

**If under 18 then guardian to sign and print name.**

Section	Class	Fee	Details	Horse Name
HK	AB	*	Add \$10 deposit for arm band if in hacking section (refundable at payout office)	

		Other fees as applicable. (Camping, stabling, EA etc.)
TOTAL		Direct payment may be made to BSB 633-108 Account CAS056-3

## Collie Agricultural Society Horse event participation declaration

Name of person in charge of horse(s).....

Address.....Phone:.....

Horse stabled at (day prior to show) .....

Horse returned to after show .....

Name of horse	Identification (colour/markings/brand)

### DISCLAIMER

I.....acknowledge and agree as a condition of participating that neither the Collie Agricultural Show nor it's agents, officials, volunteers, medical personnel, nor any person, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event shall be under any liability for my death or any bodily injury, loss of damage which may be sustained or incurred by me, as a result of participation in or being present at the event.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen.

Signed..... Date.....

If competitor is under 18 years, a parent/legal guardian must sign.

I, ..... declare that the horse(s) named above has/have been in good health eating normally and not shown signs of respiratory disease during the last 3 days leading up to this even. I give my authorisation for the designated Event Horse Health Official to call for veterinary inspection of the horse(s) named above and in my care should they be showing signs of a respiratory illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed..... Date.....

### Cleaning and disinfection of horse gear

I,..... declare that all horse equipment (tack, bridles, brushes, buckets and other articles that have come into contact with equines) and the horse transport vehicle have been cleaned and disinfected before leaving the property to travel to this event.

Signed..... Date.....