

2020 Open Unofficial Dressage Day

Sunday March 15th, 2020

Unofficial dressage open to all riders and breeds

Judge: Angie Sorensen



Location: International Arena, State Equestrian Centre, Cathedral Avenue, Brigadoon

Tests (EA 2019):
Prep A (2013), Prelim 1A, Novice 2A,
Elementary 3A, Medium 4A,
Higher/other tests available on request
Only 30 tests spots on offer (8am-12.30pm)

Close of entries:
Monday, 9th March, 2020

Canteen/ Coffee van facilities will be available.

All enquiries to Erica Stotter:

Email: treasurer@waaha.com.au

Phone: 0405 296 259

This Dressage Day is proudly presented by the West Australian Arabian Horse Association

Rules of Entry

1

Maximum of 2 tests per rider & horse combination either same level or 1 level higher and riders must ride at the level either they or their horses' are eligible for. Horses and/or riders deemed to be competing at an unsuitable level by the organising committee may not have their entries accepted. If riding the same test twice, only the first test will go towards placings.

In the event where two tests are ridden at the same level, only the first test ridden will be counted towards any placings. Only 1 rider may ride a horse on any day.

Dressage rules as per EA Australia, but specific show rules (2020 WAAHA State Championships) or AHSA related rules take precedence.

Plaiting and formal attire preferred. Boots, bandages and bell boots may be worn during warm up but must be removed before being gear checked and entering your test.

Only 30 test spots on offer.

WAAHA (Inc) reserves the right to cancel/modify the event without prior notice as they see fit.

Draw will be available on www.cavalletti.com.au and emailed to all competitors by the Tuesday before the event.

Placings will be awarded to 6th place in each level (Those competing as part of the WAAHA Arabian State Championships will be placed as per State Championships entry form).

INSURANCE: Non-members of WAAHA, AHSA, EWA and/or SHCWA, or do not have insurance (see forms) must pay the AHSA registered Participant Day membership of \$10 and complete the appropriate form/s (attached).

HELPER DUTY ** This page must be included with entries: All riders must pay the \$25 helper fee. This will be refunded after you have been seen to have done your helper duty. Your helper duty may be covered either on the day at the dressage, or at the WAAHA State Championships on the Friday, Saturday or Sunday, see below.

Where possible, helper duties and test times will be allocated to allow you to complete both.

Helper Duty: All riders must pay the \$25 helper fee. This will be refunded by Direct Debit after you have been seen to have done your helper duty. The helper duty may be completed on Friday, Saturday or Sunday.

Helper Name		Helper Phone number	
Helper email		Halper bank details for helper duty refund	BSB: ACC:

Day: Friday: Set up of indoor arena (for Arabian State Championships) 5pm

Day: Saturday **Sunday**

Duty: Gate Marshall Steward

Time: 8-10am 10 – 12pm 12 pm – 2pm 2 pm – end

Day: Sunday

Duty : Dressage runner Dressage Scorer (cannot be completed by a competitor) Dressage Marshall/gear checker

Time: 8-10am 10 – 12pm 12 pm – 2pm

++ Pack up indoor arena at end of show (NB - time to be advised after timetable completed)

Please circle and number in priority order 1 to 3, the helper duties and the times you can help for.

Open Dressage Entry Form

Sunday ^{15th} March 2020

2

One horse/rider combination per entry form - Tests to be ridden are Equestrian Australia 2019 tests.	WAAHA Members \$20 per test	Non- Members \$30 per test
Prep A (2013)		
Prelim 1A		
Novice 2A		
Elementary 3A		
Medium 4A		
Higher level tests		
Ground fee (not applicable for EWA members)	\$15.00	\$15.00
SEC Levy	\$5	\$5
Registered Participant Fee **		\$10/person
Helper Duty Fee * Must be paid by all riders. Will be refunded after you have done your helper duty.	\$25	\$25
Total Payable		

All competitors must include a completed 2019 liability waiver form with entries; and proof of 2020 Membership to either AHSA, WAAHA, EWA, SHCWA or affiliate body or Registered participant form and fee. Anyone claiming EWA ground fee waiver MUST supply proof of EWA membership.

Payment by bank deposit or money order only (Please sign the back of any money order). No personal cheques accepted.

Payment Details: WAAHA BSB: 306 041 A/C: 4198099 Ref: DS & Last name

Email entries to:
treasurer@waaha.com.au

Postal entries to: WAAHA Treasurer
196 Bushmead Rd Hazelmere WA 6055

Rider Name	Horse Name	Reg. Number (if registered with AHSA)
Address	Contact Number	AHSA Membership Number If applicable
Email	Minimum amount of time required between tests if riding two tests?	WAAHA Membership Number if applicable
	15-30mins 30-60mins 60+mins	
EWA Member Number (Proof required) if Applicable	SHCWA Member Number (Proof required) if applicable	

Liability Declaration For Day Members At "Open Events" Only

The Arabian Horse Society of Australia Ltd

EVERY DAY MEMBER WHO WILL BE A HANDLER, RIDER, DRIVER, GROOM & ANYONE HANDLING A HORSE OR PONY MUST COMPLETE THIS DECLARATION.

OWNERS OF ALL REGISTERED ARABIAN AND ARABIAN DERIVATIVES MUST BE CURRENT FINANCIAL MEMBERS OF THE ARABIAN HORSE SOCIETY TO BE ELIGIBLE TO COMPETE.

"Open Event" shall mean a Non-Arabian event including Dressage, Hacking, Rider and Harness classes only, or otherwise agreed by the Arabian Horse Society of Australia Ltd.

Please tick one of the below boxes which applies to you:

- I am a current member of an equine association, and / or I hold a current insurance policy, which provides me with 24/7 Public Liability insurance to the minimum limit of \$10,000,000 per occurrence. My membership / Policy number is _____ and I have attached a photocopy of my Membership Card / Insurance Policy / Certificate of Currency as proof of this insurance.
- I am not a member of any of the above and do not have a current Public Liability policy with a minimum of \$10,000,000 cover so will complete the Application for Day Members and tender the appropriate fee of \$10.00 per day (including GST) to cover the cost of participation with this affiliate group for each day of this event. I am also aware that this is not Personal Liability Insurance so cover does not extend to cover travel to and from this show.

In consideration of your accepting my participation, I hereby undertake to indemnify the organising body against all claims, losses, suits and damages made against or suffered by the organising body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he / she is attending, riding, driving or otherwise handling any horse so entered or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be negligent shall be deemed to have been negligent for the purpose of any claim under this indemnity.

Further, I agree to abide by the Rules and Conditions and current Rule Book as laid down by the Arabian Horse Society of Australia Ltd and / or contained in any official show schedule and I also agree to abide by all of the showground rules regarding use of their centre and its facilities.

Print Name: _____ Date: _____

Signed: _____ Contact Phone Number: _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent / guardian with legal responsibility for this participant, acknowledge, understand and accept all of the above and consent and agree to his / her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

Signature of Parent / Guardian: _____ Date: _____

Gow-Gates Insurance Brokers Pty Ltd
Level B, 491 Kent Street, Sydney, NSW, 2000
P:(02) 8267 9999 F: (02) 8267 9998 E: equestrian@gowgates.com.au
ABN 12 000 837 785 | AFSL 245432
EQU074_Arabians Liability Dec_FOR_020317





The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753

Postal Address: Post Office Box 415 RICHMOND NSW 2753

Telephone: 02 - 45775366 Fax: 02 - 45877509

Email: secretary@ahsa.asn.au

Website: www.ahsa.asn.au

Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious INJURY or DEATH may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily.

I have read and agree to the "Waiver of Liability" above.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

I Accept the Terms & Conditions

Members Name(s)

Membership Number

Signatory(ies) for Membership

Date

Signatory(ies) for Membership

Date