RDA (NSW) ILLAWARRA CHARITY TRAIL RIDE 22nd AUGUST, 2010 ENTRY FORM – Please print clearly using BLOCK letters.

2
•

RIDER – Name		Age	Date of Birth
	ease Print		
PhoneMobile		Fax	
ddress			Postcode
	ease Print		
Email Address			
HORSE – Name		_Age	Gender
Please Circle – NOVICE / EXPERI			
Staying Overnight? If so please mark,			
\$10.00 per Person, per Horse. \$20.00		Ũ,	1 /
• • • •	•	-	the category and the name of the team
Category(s)			
Entry Fee enclosed: Sponsor		Yes / No	
Adult Rider	\$35.00	\$	
Junior Rider	\$30.00	\$ \$	
Family Concession (1 st Adult)	\$35.00	\$	
(immediate family (2 nd Adult)	\$30.00	\$ \$	
members only) (1 st Junior)	\$30.00	\$	
(All other juniors)	\$25.00	\$	
Pony Club Teams of Four.	\$65.00	\$	
Late Fee	\$ 5.00	¢	

Total Fee Payable_

Expiry ____/___

Please direct any enquiries to Denise on 0407009953 or Charmaine on 042326744

Signature ___

PLEASE READ THE FOLLOWING AND DELETE THE UNDERLINED WORDS IN BOLD TYPE THAT ARE NOT APPLICABLE TO THE ENTRANT.

Please make cheques payable to RIDING FOR THE DISABLED ILLAWARRA CENTRE

Send completed entries with monies to RDA Ride PO Box 332, DAPTO NSW 2530

I understand that participation in RDA Charity Trail Ride 2010 involves riding on public roads and tracks used by other traffic and I am aware of the hazards involved in that and in riding horses in general. In my judgment I believe I/my child/person in my care have/has sufficient confidence and experience to participate in such riding activities.

\$.....

_Master 🖵 Visa 🗖

I hereby acknowledge and agree that the RDA Charity Trail Ride **2010**, the organisers, sponsors, servants, landowners, promoters, officials, representatives, or agents of the Ride are absolved from all liability for **my/my child's** death or bodily injury or any loss or damage however caused including through negligence, resulting out of **my/my child's** riding or participating in the activity offered by the RDA Charity Ride on **22nd August 2010**, except in regard to any right that **I** or **my child** may have arising under the Trade Practices Act 1974.

I hereby release and exempt and indemnify the organisers, their employees, sponsors, agents, servants, representatives, landowners, promoters, officials and other persons involved in the organization of the RDA Charity Trail Ride **2010** from all actions, proceedings, demands, costs, expenses and claims what so ever that may be taken or made by any person arising out of **my/my child's** participation in the RDA Charity Trail Ride **2010**. I hereby acknowledge and agree that it is a condition of the RDA Charity Trail Ride **2010** to wear a suitable AS-3838 or approved helmet at all times whilst on the horse. The failure to do so will absolve the organisers, the employees, sponsors, agents, servants, representatives, landowners, promoters, officials and other persons involved in the organization of the RDA Charity Trail Ride **2010** from all liability for **my/my child's** death or bodily injury as a result of such failure. I acknowledge and agree to the condition that **my/my child's** conduct, which in the opinion of the organisers, threatens the safety of other riders, bad language, or other unsociable behaviour may result in exclusion from the RDA Charity Trail Ride **2010**, without refund, and that the organisers reserve the right to vary the route of the Trail Ride from that described without notice.

Date	Signature of Participant	
Signature of Parent/Guardian		(if under 18 years)
Name of Parent/Guardian (please prin	t)	
Date of Birth of Entrant if under 18 ye	ears	
YOUR Signature on this form deno	tes that you accept RDA Illawarra Centres condit	ions of this entry to ride.

PLEASE HELP BY SENDING FORMS IN ASAP.

How Did You Hear About Our Ride?