

# TASMANIAN EVENTING ASSOCIATION

**N.T.E.C. ENTRY FORM** To be used from 1<sup>st</sup> August, 2015

<b>EVENT NAME: NTEC/LDRC ODE – Fairlands</b>		<b>DATE: 31 / 1 / 16</b>
NAME:		Entries Close: 21 <sup>st</sup> January 2016
ADDRESS:		
Home phone:	Mobile:	EA sticker:
Email:		
RIDER EA Number (EVA 80 & Above):		
TEA number if member :		Age in years (If junior):

CLASS	HORSES NAME	HORSES EA No.	ENTRY FEE

**EVA 95 AND ABOVE**

I am currently, and will be, at the time of competing, a financial member of EA .The owners of all registered horses entered, are currently, and will be at the time of competing, financial members of EA. The horse is currently registered with EA and has a current EA Eventing License

**EVA 80**

I am currently, and will be at the time of competing, at least a PARTICPANT financial member of EA

**EVA 65 and EVA 50**

I am a current financial member of TEA (NTEC, STEA, or NWEA) or EA

**TO BE COMPLETED BY ALL RIDERS**

I have read and understand the National Eventing Rules and both I and the horse are qualified for the class entered above.  
(For clarification of the rules please refer to the 1<sup>st</sup> January 2015 EA National Rulebook)

## Release and Waiver of Liability Horse Sports are a Dangerous Activity

I understand and acknowledge that horse sports are a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse sport activities and in particular from events in which I participate. I agree that **I PARTICIPATE at my OWN RISK.**

I agree not to drink alcohol or take drugs prohibited by law before or during competition.

### Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability to Equestrian Australia Ltd including all of its state bodies, coaches and affiliated clubs, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

**I acknowledge the information provided on this form is correct and in doing so also acknowledge the terms of the waiver.  
For family membership all members must sign the waiver.**

Date:...../...../.....Name.....Signature of competitor/guardian.....

