

Please return completed form to powlathanga@outlook.com for your nominations to be included in the draw.

BIOSECURITY HORSE HEALTH DECLARATION

EVENT NAME: POWLATHANGA CAMPDRAFT – CHARTERS TOWERS BRANCH ASHS				DATE FORM COMPLETED:		
NAME OF OWNER/PERSON IN CHARGE OF HORSE/S:						
EMAIL:				PHONE (MOBILE):		
FULL ADDRESS OF PROPERTY OF ORIGIN:						
DATE MOVEMENT COMMENCED:				DATE HORSES WILL BE RETURNED TO PROPERTY OF ORIGIN:		
	NAME	COLOUR	SEX	BREED	MICROCHIP / BRAND	HENDR VAC YES/ NO
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

The information contained in this Biosecurity Declaration is true & correct to the best of my knowledge. I agree to abide by all conditions that may be imposed at any time by the Event Organisers. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited. I agree and acknowledge that the Event Organising Committee, its National Affiliated body and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horse/s to, from or at this Event.

Name (Please Print)

Signature

Date

Release & Waiver of Liability - one form per competitor

I hereby nominate for event/s at the Powlathanga Campdraft 2018 and agree to the following:

I understand and acknowledge that horse events can be a dangerous activity. I understand and acknowledge that serious INJURY or DEATH may result from competing at **campdrafts** or other horse riding activities that I will be participating in.

I understand and acknowledge that **I RIDE AT MY OWN RISK**.

I understand and acknowledge the rules and the safety requirements of the activities in which I wish to participate.

Conduct

I understand and acknowledge; **not** to ride or compete whilst under the influence of **alcohol** and/or **drugs**.

I understand **not** to ride in a **dangerous** manner which may cause injury to myself or others.

Name of Competitor

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Name of Guardian (if Competitor is under the age of 18).

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Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the **ACA, RC & JJ Lawrie** and the **Charters Towers Branch of the Australian Stock Horse Society Ltd**, to the greatest extent allowed by law in the event of me and/or the children under my care against suffering injury or death.

Dated: / / **2018**

Signature of Competitor or Guardian

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Forms can be completed and emailed to powlathanga@outlook.com prior to the weekend or MUST be completed on your arrival.