



Incorporation No: A0008959W

ABN No: 35048071068

Bib No	E-Tag
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RIDE ENTRY FORM

Ride Name: _____ Date: _____

Endurance _____ km Intermediate _____ km Introduction _____ km

RIDER DETAILS	HORSE DETAILS
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NOVICE <input type="checkbox"/>	ENDURANCE <input type="checkbox"/>	NOVICE <input type="checkbox"/>	ENDURANCE <input type="checkbox"/>
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Membership number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or day <input type="checkbox"/>	AERA number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or card <input type="checkbox"/>
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FEI No: _____ FEI Status: 1* 2* 3*	FEI No: _____ FEI Status: 1* 2* 3*
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Name: _____	Name: _____
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Middleweight <input type="checkbox"/> Heavyweight <input type="checkbox"/> Lightweight <input type="checkbox"/> Junior <input type="checkbox"/> Weight: <input type="text"/> kg	stallion / mare / gelding DOB: _____ Colour: _____ Height: _____ Breed: _____
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DOB: _____	PIC: _____
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Address: _____	TRAINER DECLARATION [complete for every horse]
Post Code: _____	

Phone: _____	I declare that :
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Email: _____	a) I have principally been responsible for the primary care, custody and control of this horse in preparation for this ride including but not limited to the oversight of the exercise, nutritional and veterinary program for the horse and
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RIDER DECLARATION (complete by every rider)	b) any and all representations regarding this horse are true and correct and
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I declare and agree that I will abide by all current Australian Endurance Riders Association Inc. Rules & Procedures and the VERA Inc. Rules & Procedures and will conduct myself in a manner not injurious or prejudicial to the character or interests of the sport of Endurance Riding. In consideration of the Ride Committee accepting this entry I hereby, for myself, my heirs, executors and administrators, waive and release the Ride Committee and all persons or organisations associated with the Ride together with their heirs, executors and administrators and assignees from any rights, claims or liabilities for damages or injuries sustained by me or my support crew or my animals. I acknowledge that the wearing of compliant Australian Standards Association head protection is compulsory for all riders. If my horse requires treatment, I undertake to pay for that treatment prior to leaving the ride base.	c) I acknowledge the AERA EADCM Rules and declare this horse to be free of any prohibited or banned substance as required in the AERA EADCM Rules.
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Where I am not the Trainer of the horse, I declare that I have made reasonable enquiry of the Trainer of the horse to confirm that the horse is free of any prohibited or banned substance as required in the AERA EADCM Rules.	d) As required under the AERA EADCM Rules, I have completed AERA Form 6 and/or Form 7 in relation to medication administered to this horse in the immediate 28 days prior to this ride and I acknowledge that I am required to present Form 6 and/or Form 7 to the head veterinarian at the pre-ride inspection of this horse
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Rider's Signature: _____ Date: _____	e) On the basis of my observations over the past two weeks regarding the eating, drinking, urinating, defecating and general behaviour of this horse, I declare the horse entered in this event is healthy and where required, the formal BioSecurity/Horse Health Declaration and temperature log have been diligently and truthfully completed.
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Parent/Guardian Name (print): _____	Trainer name [print]: _____ Member No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Signature: _____	Trainer Signature: _____ Date: _____
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Date: _____	Note: The Trainer must be a current full-riding member of a Division except if the horse is entered in an Introductory, Intermediate or Mini-Marathon ride, in which case, the rider of the horse may complete the Trainers Declaration as a day member.
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Emergency Contact Name: _____	Phone: _____
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Pre-nomination: _____	Ride Entry: _____	Day member: _____	Other: _____	Total Paid: _____
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