

Entry Form



Name of Event: _____

Date of Event: _____

Horse/Pony Name: _____

Name of rider: _____ Age if under 16 years: _____

Address: _____

Phone Number: _____ Car Regn: _____

Email Address: _____

Medical disclosure: Do you wear a medical band? Y/N

If not, what is your blood type? _____

Are you allergic to anything? Please list: _____

Do you have any medical conditions we should be aware of in the event of an accident? What?

Would you like to be added to the GraceBrook Mailing List?

Yes No Already listed.

Disclaimer:

I have read and understood the General Rules and Information and I agree to:

- Wear a helmet when mounted conforming to current NZ safety standards.
- Wear back protection when jumping.
- Report any injuries to self/horse to management.
- Report any damage to equipment to management.

I also understand that GraceBrook Equestrian Training Centre and its staff take no responsibility for any damage to or loss of personal property, accidents or injury to riders or horses and that I ride at my own risk.

Signed _____

Date _____

Signature of Parent/Guardian if rider under 16 years _____

Parents/Guardians agree that they will not leave their children under 14 years unsupervised and understand that Gracebrook Equestrian Training Centre and its staff do not take responsibility for or supervise children under any circumstances, please sign: _____

Name of Parent/Guardian _____