

## Western Dressage Critique Show

*Sunday 23<sup>rd</sup> May 2021*

*Held at Kirkcadly Park, Meadows SA*

9am Start

*Encourage & Improver classes for each test level will be run concurrently.*

- |  |   |
|--|---|
| <b>1a)</b> Introductory Level TEST C (encourage) | <b>1b)</b> Introductory Level TEST C (improver) |
| <b>2a)</b> Introductory Level TEST D (encourage) | <b>2b)</b> Introductory Level TEST D (improver) |
| <b>3a)</b> Basic Level TEST C (encourage)        | <b>3b)</b> Basic Level TEST C (improver)        |
| <b>4a)</b> Basic Level TEST D (encourage)        | <b>4b)</b> Basic Level TEST D (improver)        |

- Placings 1st to 5th will be awarded separately for each class.
- Champion & Reserve Champion will be awarded to the highest average percentages across the two tests at each level (same horse & rider combination)
- Champion & Reserve Champion will be awarded to the highest average percentages achieved by youth across the two tests at each level (same horse & rider combination)

### *FEES*

All tests	\$15 each
Admin Levy	\$10
Number Deposit	\$2
Day Membership <i>(for all non SSWPC or AQHA members)</i>	\$15
Late fee	\$25

*Entries are to be received by 11.49pm Thursday 20<sup>th</sup> May 2021.*

All entries received after this time will incur a \$25 late fee

All enquiries to Derralyn Edwards on 0414 744 901 or Email us at [sswpc@live.com.au](mailto:sswpc@live.com.au) or find us on Facebook

## ***RULES & REGULATIONS***

**CLASSES:** All classes will be conducted under WDA-AUS Rules & Regulations, *with the exemption of the saddle ruling for the encourage classes*

**GEAR & ATTIRE:** Western Saddles **or** Swinging fender Stock saddles **ONLY**, with the exception of encourage classes where any neat, safe & serviceable equipment may be used. Minimum dress requirements: long sleeved shirts with a collar of any type, long pants, western hat or helmet, appropriate riding boots.

**ELIGIBILITY TO COMPETE:** All Competitors must be either financial members of the AQHA in their own right or Southern Star Western Performance Club (SSWPC) to be eligible to compete at this show. Anyone who is not a member of AQHA or SSWPC will be required to pay an event membership of \$15 on the day of the show.

**RULES:** All events will be conducted under AQHA, WDA-Aus or SSWPC local rules, any necessary rules and regulations not covered by the current AQHA show and performance rules will be determined by the Show Management and their decision will be final and without recourse of any kind. Show Management reserves the right to add any further applicable rules and regulations before, or during the show. These will be posted on the noticeboard and will be put over the PA system

- \* Maximum of four tests per horse --> Two consecutive levels per horse allowed e.g. Basic/Level 1
- \* Horse may be ridden by more than one rider (but not in the same class) --> Riders may ride more than one horse
- \* Callers are permitted
- \*\*Horse vet certificate or rider doctor certificate required to receive refund after the (first) closing date of entries  
NO REFUNDS AFTER THE DRAW HAS BEEN DONE (THURS midnight prior to show)

**All competitors are required to complete and sign the entry form & waiver prior to competing in any event**

**All people attending the event must complete the COVID check in**

*Western Dressage Critique Show*

NAME: \_\_\_\_\_ YOUTH: YES/NO DOB (youth): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS WHERE HORSE IS KEPT: \_\_\_\_\_

PIC no: \_\_\_\_\_

NAME OF HORSE: \_\_\_\_\_ AGE: \_\_\_\_\_ (S) (M) (G)

BREED: \_\_\_\_\_ REG # \_\_\_\_\_

TEST	Encourage / Improver	TOTAL
		\$
		\$
		\$
		\$
	Admin Levy	\$ 10.00
	Number Deposit	\$ 2.00
	SSWPC Day Membership fee \$15.00 This fee is compulsory for all riders who are not current members of SSWPC or AQHA	\$
	Late Fee	\$
	<b>TOTAL</b>	<b>\$</b>

Competitor number

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(OFFICE USE ONLY)

Payment must accompany entries & wavier. When submitting entries via email, please pay via EFT and include a copy of the receipt with entries.

**Direct Bank Deposit:** Southern Star Western Performance Club**BSB:** 105 160 **Account No:** 019284540**Description:** your surname and initial

I have read all the Rules & Conditions and hereby agree to abide by them at all times and hereby release SSWPC, the property owner and any Show Management from any claim for loss, injury or damage to any person, livestock or equipment.

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## *Member Acknowledgement & Release of Liability Waiver*

### HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I the undersigned, understand, acknowledge and accept that:

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption.

I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity. I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Southern Star Western Performance Club, its affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non-compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

I understand that the Australian Quarter Horse Association and Southern Star Western Performance Club, its affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm that I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

In case of emergency I do hereby give my consent for medical treatment to be given by a Doctor and/or Hospital staff, and I Agree to pay all costs associated with emergency transport and treatment should an accident occur during activities conducted by Southern Star Western Performance Club Inc.

PARTICIPANTS NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Guardian of children under 18 years gives their consent when signing this form)

## NON HELMET WAIVER

I am aware of the instructors / competition requirement of wearing a helmet at all times whilst participating in horse sport activities and accept that I am solely responsible for ensuring I wear a suitable helmet at all times whilst participating and take sole responsibility for my actions should I choose to refrain from wearing a helmet.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name and address of Participant \_\_\_\_\_

\_\_\_\_\_

**Signature of witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name and address of witness: \_\_\_\_\_

\_\_\_\_\_