



# DAY MEMBER RIDE ENTRY FORM

<b>BIB NUMBER</b> <b>RIDING WEIGHT</b> <b>KG</b>
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<b>RIDE NAME:</b>	<b>DATE:</b>
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<b>RIDE ENTERED:</b> (Please circle ride in which you are entering) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Endurance Ride</span> <span>Training Ride</span> <span>Introductory Ride</span> </div>	<b>RIDE DISTANCE:</b> _____ Km Amount received \$ ..... Cash Cheque (circle) Forestry Permit if applicable (number or amount) \$.....
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<b>RIDER DETAILS</b> (please tick)	<b>HORSE DETAILS</b> (please tick)
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RIDER NAME: _____	HORSE NAME: _____
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AERA MEMBERSHIP NUMBER: ..... or DAY MEMBER (please tick) .....	AERA NUMBER: ..... or DAY CARD (please tick) .....
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ENDURANCE: ..... NOVICE: ..... (please tick)	ENDURANCE: ..... NOVICE: ..... (please tick)
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D.O.B.            /        /	STALLION / MARE / GELDING (please circle)
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<b>RIDING DIVISION:</b> (endurance rides only – please tick)  MIDDLEWEIGHT ..... HEAVYWEIGHT ..... LIGHTWEIGHT ..... JUNIOR .....	D.O.B. _____ (horse)  AGE _____ (horse)  BREED: _____
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<b>PIC No.</b> _____	<b>HORSE HEALTH DECLARATION</b>
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ADDRESS: _____  POST CODE: _____ PHONE: _____  EMAIL: _____	I ..... declare that the horse named above has been in good health, eating normally and not showing signs of illness during the last 7 days leading up to this event. I give my authorisation for the Event Organising Committee/ Manager to call for veterinary inspection of the horse named above and in my care, should it be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horse as a result of this veterinary examination. Signature: _____
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### RIDER DECLARATION

I hereby agree to abide by all current Australian Endurance Riders Association riding rules, training ride rules, procedures for rides, vetting procedures and South Australian Riders Association Inc. organisers rules and procedures and to conduct myself in a manner not to be injurious or prejudicial to the character or interests of the sport of endurance riding. In consideration of the ride organising committee accepting this entry, I hereby for myself, heirs, executors, administrators, waive and release the ride organisation committee and all persons or organisations associated with the ride, their representatives, heirs, executors, administrators and assign from any rights, claims or liabilities for damages for injuries sustained by/to me, my support team or my animals.

Rider's Signature: _____	Date: _____
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Parent/Guardian Name: (Print) _____	Parent/Guardian Signature: _____
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Responsible Member Name: (Print) _____	Responsible Member Signature: _____
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AERA MEMBERSHIP NUMBER: .....	EMERGENCY CONTACT (Required for ALL riders)
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Name: .....	Number: .....
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Do you allow SAERA to use photographic material of you and/or your children on the SAERA website or for any other professional/promotional use? Yes _____ No _____	Signature: _____
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