

# ESNZ CASUAL MEMBERSHIP ENTRY FORM

**Conditions**

Competitor or Exhibitor must comply with the appropriate Legislation and the Health and Safety in Employment Act 1992. Each Competitor and/or exhibitor must supervise and control their animals at all times and shall be liable for any hazard created, accident, illness or damage caused by the action of themselves at the venue of the Event.

**Declaration**

I am the Exhibitor and/or competitor of the horse/pony stated on this form at the above event. I understand that, neither the Organising Committee of the above Event nor Equestrian Sports New Zealand Inc. Nor any agent, employee or representative of those bodies, accepts any liability for any accident, loss, damage, injury or illness to horse/pony owners, riders, spectators, land, vehicles, their contents and accessories or any other personal property whether caused by their negligence, breach of contract or in anyway whatsoever. I am the owner or his/her Authorised Agent and have been authorised by the owner to make this entry. I certify that I have read, and understand and will abide by the Rules and Regulations of Equestrian Sports New Zealand and that I and my horse/pony(s) are eligible for any class we are competing in. I consent in terms of the Privacy Act 1993 to the information on this form being used by the Organising Committee and by Equestrian Sports New Zealand for all purposes connected with the administration of equestrian sport in New Zealand.

**Signed:**

**Date:**

**Parent / Guardian**

**To be completed if the rider is under 16 years:** "I hereby give my consent for the rider to compete as listed above."

**Signed:**

**NAME OF RIDER:**

**ADDRESS OF RIDER:**

**CONTACT PH NUMBER:**

HORSE / PONY DETAILS		CLASS	ENTRY FEE
NAME OF RIDER:			
HORSE / PONY NAME:			
COLOUR:			
SEX:			
YEAR OF BIRTH:			
HEIGHT:			
OWNER:			
BREEDER:			
PEDIGREE:			

HORSE / PONY DETAILS		CLASS	ENTRY FEE
NAME OF RIDER:			
HORSE / PONY NAME:			
COLOUR:			
SEX:			
YEAR OF BIRTH:			
HEIGHT:			
OWNER:			
BREEDER:			
PEDIGREE:			

SUB TOTAL ENTRY FEES:	\$
CASUAL MEMBERSHIP FEE:	\$
GROUND LEVY FEE:	\$
LOOSE BOX / YARDS / Paddock FEE:	\$
CAMPING FEE:	\$
<b>TOTAL FEES ENCLOSED:</b>	\$

ESNZ RECEIPT (TO BE RETURNED TO ESNZ WITH PAYMENT)	
NAME OF EVENT / SHOW:	
NAME OF RIDER: ADDRESS OF RIDER: CONTACT PH NUMBER:	
HORSE / PONY NAME/S:	
TOTAL NUMBER OF DAYS COMPETING:	
GRADED MEMBERSHIP (\$20)	\$
NON-GRADED MEMBERSHIP (\$5)	\$
NON-GRADED HORSE REGD (\$5)	\$
TOTAL CASUAL MEMBERSHIP PAID:	\$

CASUAL MEMBERSHIP RECEIPT			
NAME OF EVENT / SHOW:	RIDER NAME:	AMOUNT PAID:	EVENT / SHOW G.S.T NO#

**TO BE RETURNED TO ESNZ WITH PAYMENT  
P O BOX 6146, Marion Square, WELLINGTON 6141**