



**WEST COAST REINERS
INAUGURAL REINING SHOW**
INCORPORATING A
COME AND TRY REINING SHOW
NOVEMBER 28th 2020 @ 08:30

Class		Patten	Entry Fee	Judges Fee	Prize
OPEN REINING SHOW					
1	Short Stirrup	14	\$5	Nil	Ribbon / Prize
2	Beginner	5	\$10	Nil	Ribbon / Prize
3	Green Rider	5	\$10	Nil	Ribbon / Prize
4	Adult Any Handed	2	\$10	Nil	Jackpot
5	Novice Horse Open	4	\$10	Nil	Jackpot
6	Novice Horse Non Pro	4	\$10	Nil	Jackpot
COME AND TRY REINING SHOW					
7	Walk Jog Reining Any Age	2	\$5	Nil	\$60, \$30, \$10
8	Two Handed Reining Any Age	2	\$5	Nil	\$60, \$30, \$10
9	Lead Line 12 Yrs. and Under		\$5	Nil	Trophy
10	Youth Reining Under 18 Yrs.	2	\$5	Nil	Trophy
OPEN REINING SHOW - Continues					
11	Snaffle Bit Hackamore 5yrs & under	12	\$10	Nil	Ribbon / Prize
12	Non Pro	12	\$10	Nil	Jackpot
13	Open	12	\$10	Nil	Jackpot
14	Prime Time	12	\$10	Nil	Jackpot
15	Rookie	11	\$10	Nil	Jackpot
16	Rookie Professional	11	\$10	Nil	Jackpot

Notes

Come and Try Show entries are confined to a person who has not entered a Reining Show before and is open to any Person and Breed of horse.

Classes 7 and 8 will get 2 runs with highest score winning



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Show Number	ONE FORM PER HORSE
Horse Name	NRHA / RA No
Owners Name	NRHA / RA No
Riders Name	NRHA / RA No
Address	Post Code
Email	Phone
Signature	

COPY OF CURRENT MEMBERSHIP + HORSE COMPETITION LICENSE REQUIRED FOR OPEN SHOW

ENTRIES CLOSE 14th November 2020

Class No.	Rider Name	NRHA/RA	Entry Fee	Sub Total
Warm up 10 minutes			\$ 5.00	
Day Membership for Non-members (Includes Ground Fee)			\$25.00	
Ground Fee			\$5.00	
TOTAL AMOUNT				

ALL FORMS TO BE COMPLETED & RETURNED TO THE SECRETARY

**Send Entries to: P.O. Box 152 Pinjarra 6208 or email to
westcoastreiners@outlook.com.au**



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Horse Event Participation Declaration

Event		Date
Name of person in charge of Horse (s)		
Address		
Contact Number		
Name of Horse	Identification (colour, markings, brands, microchip)	
Source property (address of property which the horse (s) moved to the event)		

Health of Horse(s)

I am aware that the congregation of horses at an event provides an opportunity for the spread of infectious diseases.

I declare that the Horses(s) named above has/have been in good health and eating normally during the last three days leading up to the event. (This form can be submitted on the day of the show)

I give my authorization for the designated Animal Health Officer to arrange for a veterinary examination of the horse(s) named above if it / they show signs of a serious infectious disease or excessive distress at the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed



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DISCLAIMER AND WAIVER OF LIABILITY

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

As a condition of participating that neither the club/coach, participants, West Coast Reiners Association Inc., or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertises, owners and lessees of premises used to conduct the event(s), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of the participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State Legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

I agree to abide by the Rules and Regulations of the West Coast Reiners Association Inc. its affiliated clubs and/or the management/organizer of the activities and I will follow all direction of the management/organiser 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 noncompliance may result in injury, death and/or permanent disability.

Although it is recommended, I am solely responsible for wearing a suitable helmet and I acknowledge I ride at my own risk.

I understand that the West Coast Reiners Horse Association Inc., its affiliated clubs and/or 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/organiser's staff are appropriately trained.

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

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here

Dated

Rider or Parent/Guardian (if signing on behalf of youth)
