Eventing      

Practice Day at:

Date:

*Write a bit about your grounds – who owns them and any rules that apply – stock, dogs, parking, manure removal etc.*

**All Persons Enter and Ride at their own Risk.**

**DISCLAIMER OF LIABILITY**

Neither the Organiser of this unregistered event/practice day nor the NF nor any agent, employee or representative of these bodies accepts any liability for any accident, loss, damage, injury or illness to horses, owners, riders, spectators, land, vehicles, their contents and accessories or any other personal property whatsoever whether caused by their negligence, breach of contract, or in any other way whatsoever.

**There are no Professional Medical or Veterinary Services Available at this Practice Day.**

**Riders under 18 years of age must be accompanied by a responsible adult.**

I agree to adhere to the following conditions:

* I am either a full ESNZ Member or an ESNZ Community Member (free)
* My dress and saddlery meet the requirements in “ESNZ Rules of Eventing” pertaining to the Cross Country test: Approved helmet, boots, body protector.
* I understand there are no Professional Medical or Veterinary Services on site today. I understand the inherent risks of riding over XC jumps.
* I understand that the rules around horse welfare, abuse of the horse and dangerous riding apply to XC practice days as well as in competition.
* I respect that members of the OC committee overseeing this practice day have the right to ask me to stop riding and or leave the grounds.
* I will wear my own medical armband.
* I will ride with another rider or have a support person on foot.
* I will only jump the cross-country obstacles that have been flagged.
* I will only jump obstacles that are within my and my horse’s range of competence.
* I will give way to others who are following close behind.
* I will be mindful of other riders who have young or inexperienced horses.
* I will move on to another jump if my horse refuses more than 4 times at one fence.
* I will leave all gates as I find them.
* I will keep well clear of any vehicles, pedestrians or cyclists.
* I will remove my horse’s manure and any rubbish/hay before leaving.

**RIDER DETAILS:**

|  |  |
| --- | --- |
| NAME: |  |
| SIGNATURE: |  |
| AGE IF UNDER 18: |  |
| NAME OF RESPONSIBLE ADULT: |  |
| EMERGENCY CONTACT#: |  |
| AMOUNT PAID $: |  |

**HORSE(S) DETAILS:**

|  |  |
| --- | --- |
| NAME: |  |
| NAME: |  |
| NAME: |  |
| NAME: |  |