



1 x entry form per horse and rider combination please.

If your horse has not been allocated a "Permanent Number" on the WA Western Breeds Permanent Number Register (WAPHA/AAA/WAQHA) please leave blank and a temporary number will be allocated for your horse for this event

Horse's Registered Name	Permanent Number		
<input type="text"/>	<input type="text"/>		
Breed	PHAA Registration Number		
<input type="text"/>	<input type="text"/>		
Owners Name	Owners Member # PHAA		
<input type="text"/>	<input type="text"/>		
Owners Contact Number	WAPHA Member?		
<input type="text"/>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

Rider/Handler Name – If different from above	Rider/handler # PHAA		
<input type="text"/>	<input type="text"/>		
If youth participant – please state date of birth	WAPHA Member?		
<input type="text"/>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

Which membership have you subscribed for with PHAA			
Novice Youth	Novice Amateur	Amateur	Select/Masters

What event numbers do you intend to participate in?

<input type="text"/>						
<input type="text"/>						

I confirm the details above are correct. I confirm we abide by the rules and regulations and have provided a signed copy of the WAPHA Waiver and proof of payment with this entry.

Signed Participant / Youth Guardian	Date
<input type="text"/>	<input type="text"/>

**FEES & PAYMENT INFORMATION**

Number	Event type	Total
	X Youth Events	FREE
	X Other Events	
	X Ground Fee / day	
<b>TOTAL DUE</b>		

WAPHA BANKING DETAILS  
 BSB: 036 079 ACCOUNT: 411738  
 Reference: Your Surname and event date  
 Please ensure your payment receipt accompanies your entry form and waiver.

**WAPHA LIABILITY WAIVER FORM - EXCLUSION OF CERTAIN RIGHT TO SUE**

By signing this form I, \_\_\_\_\_

residing from \_\_\_\_\_

1. Understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable manner at any time.
2. Acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.
3. Acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.
4. Acknowledge that the WAPHA relies on the information provided by me and state that all such information is accurate and complete.
5. Acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to
6. participate in the Event/Function and that I have not been advised otherwise by a qualified medical practitioner.
7. Acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss, or damage.
8. Acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the WAPHA, and any person directly or indirectly always associated with the Event/Function.
9. I indemnify and keep indemnified the WAPHA and
10. any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the WAPHA, and any person or body directly or indirectly associated with the Event/Function.
11. I indemnify and keep indemnified the WAPHA and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the WAPHA and any person or body directly or indirectly associated with the Event/Function, or otherwise.
12. I agree to abide by the Regulations of the Federal and State Government regarding Covid-19 and any additional rules and recommendations that have been implemented by the WAPHA /PHAA.
13. Furthermore I/we disclose that I have read and agree that the liability of the WAPHA & Paint Horse Association of Australia for any death, personal injury (as defined in the Fair-Trading Act 1999) or damage to property that may be suffered by me (or a person from whom, or on whose behalf, I am acquiring the services) resulting from the supply of recreational services is excluded.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of individual Person applying for this membership, the Nominees signature for a Constituent Membership or the Parent/Guardian signature for a Youth Application

**Signature of Participant / Youth Guardian:**

.....**Date:** .....