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BSB      CHQ

**SUNSHINE COAST AREA TRAIL & ENDURANCE RIDERS Inc  
EVENT NOMINATION FORM 2018**

RIDER NO:
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**PLEASE SCAN AND EMAIL TO [s.c.a.t.e.r@hotmail.com](mailto:s.c.a.t.e.r@hotmail.com)**

**EVENT:** ..... **DATE:** .....

Participants in SCATER events are required to be members or day members to be covered by SCATER's \$20million Public Liability policy.

<b>RIDER NAME:</b>		<b>DIVISION (CTR ONLY) - PLEASE CIRCLE ONE ONLY</b>	
		<b>OPEN</b>	<b>NOVICE</b>
		<b>JUNIOR</b>	<b>TEAM</b>
		<b>TRAINING</b>	
<b>I WILL/WILL NOT BE CAMPING</b>		<b>I WILL/WILL NOT BE PURCHASING DINNER</b>	
<i>PLEASE CIRCLE</i>		<i>PLEASE CIRCLE</i>	
<b>POSTAL ADDRESS:</b>			
<b>POSTCODE:</b>			
<b>EMAIL:</b>		<b>SCATER MEMBER: YES / NO</b>	
		<i>PLEASE CIRCLE</i>	
<b>PHONE:</b>	<b>MOBILE:</b>		
<b>Emergency Contact No.:</b>			
<b>HORSE's NAME:</b>			
<b>BREED:</b>	<b>AGE:</b>	<b>MARE / GELDING</b>	
	<i>Horses must be a minimum of 3 years of age</i>	<i>PLEASE CIRCLE</i>	
<i>Has this horse been immunized against the Hendra Virus?</i>	<b>YES</b>	<b>NO</b>	

**DISCLAIMER NOTICE**

I hereby acknowledge that I have applied to participate in this event. I understand and acknowledge that horse riding is a dangerous activity and that horses can act in a sudden and unpredictable way.

I agree that I ride at my own risk and that the Sunshine Coast Trail & Endurance Riders Inc (SCATER) shall not be liable for my personal injury, death, loss or damage occasioned to me or any loss or damage occasioned to any of my possessions whether such liability arises out of any express or implied term of my riding in the event or at common law or in any other way.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Sunshine Coast Trail & Endurance Riders Inc to the greatest extent allowed by law in the event of me and/or the children under my care, suffering property damage, injury or death.

**SIGNED:** ..... **DATE:** .....

<i>*Parent or Guardian is required to authorise if the competitor is under 18 years if age</i>	
<b>*PARENT or GUARDIAN's NAME:</b>	<b>*SIGNATURE:</b>

**Internet banking:      BSB: 064 424    ACCOUNT #: 100 122 13**

*Nomination forms must be accompanied by a bank receipt. Please include your NAME as your Internet banking reference number. Please note ride fees will only be refunded if a notice from a vet or doctor is provided or the event is cancelled.*

**PLEASE ADVISE WHEN NOMINATING IF YOU HAVE FAMILY MEMBERS/FRIENDS WITH YOU WHO WOULD CONSIDER HELPING OUT AT THE CTR – WE ARE ALWAYS IN NEED OF EXTRAS TO ASSIST WITH ADMINISTRATION, PENCILLING FOR JUDGES, ASSISTING IN THE CANTEEN ETC.!**