



Phone: 07 4039 3143

PO Box 107  
Redlynch QLD 4870

Lot 626 Intake Road  
Redlynch QLD 4870

# 2010 Dressage

## SUNDAY 26 SEPTEMBER 11.00AM-6.00PM

**At Crystal Cascades Horse Park, Intake Road, Redlynch**  
**Entries close: Wednesday 15/09/10**

**GET IN EARLY - There will be only 5 entries accepted for each of the classes**  
At the end of the competition riders will receive their test sheets and a ribbon.

- CLASS 1 - Elementary 3C Open
- CLASS 2 - Trot Test Prep 2 – 9yrs and under
- CLASS 3 – Trot Test Prep 2 - 10yrs to 16yrs
- CLASS 4 – Trot Test Prep 3 – Seniors
- CLASS 5 – Preliminary 1A – 9 years and under
- CLASS 6 – Preliminary 1C – 10 to 16yrs
- CLASS 7 – Preliminary 1A – Open Green Horse
- CLASS 8 – Preliminary 1C - Seniors
- CLASS 9 – Novice 2A - Juniors (under 16 yrs)
- CLASS 10 – Novice 2C - Seniors
- CLASS 11 – Medium 4C Open

Tests will be emailed on request

<b>ENTRY FEES \$10/class</b>
Maximum 2 classes to be ridden by any horse and rider combination
This form with all fees must be sent to: CCHP PO Box 107, Redlynch QLD 4870, email entries to <a href="mailto:karen@crystalcascadeshorsepark.com.au">karen@crystalcascadeshorsepark.com.au</a> and direct deposit to CCHP at CBA BSB 064 804 a/c 1329 1710 with your name as reference
<b>Hire Fee CCHP Ponies / Horses - \$20 for 1 test, \$30 for 2 tests (plus entry fees)</b>



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## Acknowledgement and Indemnity

RIDER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

(WORK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

I understand and acknowledge that horse riding is an inherently dangerous activity and that horses, being flight animals, will on occasion behave according to instinct rather than training. I acknowledge that Serious Injury or Death may result from horse riding activities. I agree that I/my child participate at my own risk. I agree to hold Crystal Cascades Horse Park, its owners, directors, employees and volunteers, harmless for any injury to me or any other person accompanying me.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors of Crystal Cascade Horse Park to the greatest extent allowed by law in the event of me and/or the child/children under my care, suffering injury or death.

I understand and acknowledge that the high risk involved in riding a horse that is unknown to me and I agree to the following:

- I will only ride the horse in a safe and controlled manner.
- I will wear an Australian Standard Approved Helmet (AS3838) and the correct footwear at all times.
- I will read and follow all signs on the property and follow all the management/staff instructions.
- I consent to be evacuated and to the provision of first aid and medical treatment if I am injured or become ill.
- I agree to pay for any such evacuation or provision of first aid or medical treatment.
- I will be asked to leave CCHP immediately if I do not comply with any of these terms and conditions.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors of Crystal Cascade Horse Park to the greatest extent allowed by law in the event of me and/or the child/children under my care, suffering injury or death.

I acknowledge that Crystal Cascades Horse Park relies on the information provided by me and I state that all the information is accurate and complete.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if applicant under 18 years of age)

**Name of Parent/Guardian:** \_\_\_\_\_

CLASS	RIDER	HORSE NAME	FEE
		Total	