

ULWAZI FARM EVENTING SHOW

Sunday 12th April 2015

RECREATIONAL CROSS COUNTRY ENTRY FORM

Closing Date: Monday 30th March, 2015

Bank Details: FNB

Payable to: ULWAZI FARM

Branch Code: 220725

Fax to: 033 3306888

Account No: 62061640564

E-mail: scotttaylor@iuncapped.co.za

Reference: Rider's Name

Class	Rider	Ad/Jun Child	Flu Vaccinations		Horse	Fee
			Batch#	Date		
Horse Passport No.						
SAEF Rider's No.					TOTAL	
Name:						
Address:						
Tel:(Home)		(O)			Fax:	
Cell:			E-mail:			

1. I hereby confirm that the Ulwazi Farm, Eventing South Africa and Kwanyoni Farm property owners, organizers, officials and Helpers, accept no responsibility for and cannot be held liable for any loss, damage, death or injury to people, horses or Property whatsoever resulting directly or indirectly from the above event. **All Participants take part at their Own Risk.**
2. I agree to the Rules and Regulations set out in the Schedule and Entry Form and verify that the Equine Flu Vaccination has been administered as stated above.
3. I undertake not to bring any pony/horse which has any infectious disease onto the premises by withdrawing from the event and forfeiting my entry fee.

Signature: _____

Date: _____

(Parent/Guardian if under 18years)