



A perfect opportunity to come out and compete in a dressage competition and get instant feedback after your test!

Dressage Protocol Series

FOXWOOD FARM EQUESTRIAN CENTRE

COMPETITION

This is a Protocol Competition event. Placings from 1st to 3rd will be awarded for each test offered, Preparatory to Medium.

TRAINING

You test includes a 15 minute time slot; to allow for your chosen test and instant feedback on completion.

SERIES DATES

26th October
16th November
7th December

Email- events@kandkequine.com



**SERIES
CHAMPION &
RUNNER UP
AWARDS**

CONDITIONS OF ENTRY

- 1) The organisers shall not be liable for any financial loss or damage, physical injury or property damage suffered by any exhibitor/spectator with respect to any property/exhibit being exhibited by him/her or any other exhibitor, whether caused by or attributed to the negligence of K & K Equine or any of its servants or agents. K & K Equine shall not be held responsible for any accident that may be caused by an exhibitor or spectator.
- 2) A signed Disclaimer MUST Accompany the Entry Form and is compulsory for all owners/riders. The additional fees for ground hire and helper duty are compulsory per entrant. There is a \$10 levy for those who do not carry EWA membership. We strongly encourage that all entrants have their own personal insurance.
- 3) Incorrect or incomplete entries and/or insufficient payment will result in entries being returned for correction and must be returned to the Organisers by the close of entries or late penalties will apply. The Organisers reserves the right to refuse/cancel or accept conditionally any entry.
- 4) Horses date of birth will be calculated from the 1st of August . All ridden horses MUST be a minimum of 4yrs of age, or in the year they are expected to turn 4.
- 5) The use of prohibited or performance enhancing substances is not permitted under any circumstances. Horses may be swabbed randomly. Positive results will be subject to penalties as per EA guidelines.
- 6) The Judge's decision is final and discussion will NOT be entered into. The judge should only be approached after the test is complete, for training session.
- 7) Unruly, dangerous or diseased exhibits may be asked to leave the ring or grounds. No refund will be given for this reason.
- 8) **Stallions are permitted to enter this event.**
- 9) Safety Standard Approved current helmets MUST be worn at all times while mounted. Standard of Dress: Standard dressage attire for the rider. Long boots for riders 18 years and over only. Normal hacking attire also permitted, Jackets not required . Competitors inappropriately dressed may be asked to leave the ring by the Judge or event Organiser. Plaiting is optional, but the horse should still be clean and well presented. No boots or bandages; bonnets are accepted.
- 10) No refunds will be given unless accompanied by a vet or medical certificate. If you scratch, a refund will only be given for rider or equine medical certificate; full ground fee refund, 50% entry fee refund.
- 11) To be eligible for the Series, your best TWO scores will be used from a minimum TWO events of the series. You may enter a maximum of two (2) tests of the same or consecutive level.
- 12) The event organisers and/or judge reserve the right to divide, based on entries. This may include the addition of Junior and Pony categories or Best Performed for Breed Societies.
- 13) A compulsory ground fee of \$15 per horse applies for all horses on the grounds. No horses not entered to compete are permitted to be on the grounds at any time.
- 14) **Pre-entry ONLY**, closing Wednesday, 1 week prior, unless capacity is reached prior. The draw will be emailed to entrants on Friday, prior to the competition. Depending on entry numbers, we may consider extending entries. In the event entries are extended, the final draw will be emailed Sunday, prior to competition. Entrants will be advised if entries are to be extended. See entry forms for specific closing dates.
- 15) No dogs at the venue under any circumstances. Please be sure to clean around your float and/or yard.
- 16) We welcome sponsorship of Best Performed Awards to any breed society/association. These need to be finalised PRIOR to the close of entries for the 1st event.



SERIES CHAMPION & RUNNER UP

Best TWO scores, from TWO separate events of the series.

Awarded to: Preparatory, Preliminary, Novice, Elementary, Medium



Western Building

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www.westernbuild.com.au

PREPARATORY SERIES SPONSOR

Western Building Over the past 15 years, Western Building has built a solid reputation as a Preferred Builder for a significant number of national Insurance Companies many of which are household names. We cover all of Western Australia and have become the Go-To Team for repair and restoration projects.



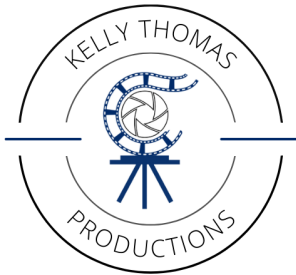
PRELIMINARY SERIES SPONSOR

Pegasus Equestrian Products offer a number of products to ensure you have a professional and quality set up for your stables; with products including dressage arena and letter, saddle racks, jumping accessories, wash bay hose booms and more! They are your best stop to set up or update your stables and arena!



NOVICE SERIES SPONSOR

Pimp My Pony is the one stop shop for both horse and rider accessories for training and competition. From exquisite bridles through to bonnets and boots. Rebecca also stocks some of the best brands in rider wear, from jods to gloves and competition needs.



ELEMENTARY SERIES SPONSOR

Kelly Thomas Productions works across several platforms, using photography, videography and digital media to create special projects for her clients. Kelly also frequents equestrian events; having her own public liability insurance, WWC and currently a PCAWA approved photographer.



MEDIUM SERIES SPONSOR

Lorenzo Park is owned and operated by Bayley Thomas. Bayley is an EWA qualified coach and judge. She is also an Official Off the Track WA retrainer. Lorenzo Park offer private and group lessons, with 2 in house school masters, as well as training and education of clients horses.

Please join us in extending a huge **'Thank You'** to each of our Series Champion sponsors!
Without their support, this award would not be on offer.



ENTRY FORM—EVENT 1

Pre-entries close 16th October 2023 (unless at capacity prior)

Judge: Tracy Spackman



Email entries to:

events@kandkequine.com

Payment Options:

*Direct Deposit to-(Reference: NAME& Dressage)
K & K Equine
BSB: 066-165 Account: 1046 5997
(A copy of receipt required with entry)

Fees:

\$40 1 test, \$70 2 tests
\$15 Ground Fee
\$5 Helper Fee
\$10 Rider Levy (Non EWA)

Please print clearly

Name of Owner: _____ EWA No. (if applicable): _____ PIC No.: _____

(Note: The rider, if different to owner, is required to complete and sign their own Risk Waiver/Disclaimer and Medical form.)

Email Address: _____ Phone Number: _____

Emergency Contact: _____ Emergency Contact Number: _____ Relation: _____

Entrant Signature: _____ Date: ____/____/____

(If Rider is Under 18, legal parent/guardian to complete)

Rider Name: _____ EWA No.: (if applicable) _____ Date of Birth: ____/____/____

Rider (if under 18) Legal Parent/Guardian Name: _____ Contact No.: _____

Rider (or Legal Parent/Guardian) Signature: _____ Date: ____/____/____

Name of Horse: _____ Rego (please circle): EWA/SHCWA/Breed/Other

Details/Rego #: _____ Horse Age: _____ Horse Height: _____ Horse Breed: _____

Please nominate your test and preferred time below.

Note: Preparatory is limited to horse and rider combinations that have not won more than two (2) first places in any previous Dressage events. The combination can only enter Preparatory if they have NOT previously competed at Novice or above. You may enter up to two (2) tests of the same or consecutive levels.

(Test 1) _____
(Test 2) _____ (optional)

Entry Fee (\$40-1 test, \$70 2 tests):	\$
Ground Fee (\$15 per horse):	\$15.00
Helper Fee (\$5): <i>If you are able to help, please contact us before making payment</i>	\$5.00
Insurance Levy (\$10 per rider)- EWA members fee waived:	\$
Stabling Required (\$10):	\$
TOTAL ENTRY FEE:	\$

SERIES EVENT 1

- Preparatory 1
- Preliminary 1.1
- Novice 2.1
- Elementary 3.1
- Medium 4.1

SERIES EVENT 2

- Preparatory 2
- Preliminary 1.2
- Novice 2.2
- Elementary 3.2
- Medium 4.2

SERIES EVENT 3

Your Choice test in
your chosen level!!!

Please indicate above if you have a preferred time. No guarantees but every effort will be made to accommodate you.

IMPORTANT NOTES: -Please ensure you have read the Conditions of Entry prior to submitting your entry. While we and our venue have Public Liability Insurance, **we strongly recommend that all entrants have their own personal insurance (we recommend EWA membership, as Insurance is included with most membership types).**



ENTRY FORM—EVENT 2

Pre-entries close 6th November 2023 (unless at capacity prior)

Judge: Tracy Spackman



Email entries to:

events@kandkequine.com

Payment Options:

*Direct Deposit to-(Reference: NAME& Dressage)
K & K Equine
BSB: 066-165 Account: 1046 5997
(A copy of receipt required with entry)

Fees:

\$40 1 test, \$70 2 tests
\$15 Ground Fee
\$5 Helper Fee
\$10 Rider Levy (Non EWA)

Please print clearly

Name of Owner: _____ EWA No. (if applicable): _____ PIC No.: _____

(Note: The rider, if different to owner, is required to complete and sign their own Risk Waiver/Disclaimer and Medical form.)

Email Address: _____ Phone Number: _____

Emergency Contact: _____ Emergency Contact Number: _____ Relation: _____

Entrant Signature: _____ Date: ____/____/____

(If Rider is Under 18, legal parent/guardian to complete)

Rider Name: _____ EWA No.: (if applicable) _____ Date of Birth: ____/____/____

Rider (if under 18) Legal Parent/Guardian Name: _____ Contact No.: _____

Rider (or Legal Parent/Guardian) Signature: _____ Date: ____/____/____

Name of Horse: _____ Rego (please circle): EWA/SHCWA/Breed/Other

Details/Rego #: _____ Horse Age: _____ Horse Height: _____ Horse Breed: _____

Please nominate your test and preferred time below.

Note: Preparatory is limited to horse and rider combinations that have not won more than two (2) first places in any previous Dressage events. The combination can only enter Preparatory if they have NOT previously competed at Novice or above. You may enter up to two (2) tests of the same or consecutive levels.

(Test 1) _____
(Test 2) _____ (optional)

Entry Fee (\$40-1 test, \$70 2 tests):	\$
Ground Fee (\$15 per horse):	\$15.00
Helper Fee (\$5): <i>If you are able to help, please contact us before making payment</i>	\$5.00
Insurance Levy (\$10 per rider)- EWA members fee waived:	\$
Stabling Required (\$10):	\$
TOTAL ENTRY FEE:	\$

SERIES EVENT 1

- Preparatory 1
- Preliminary 1.1
- Novice 2.1
- Elementary 3.1
- Medium 4.1

SERIES EVENT 2

- Preparatory 2
- Preliminary 1.2
- Novice 2.2
- Elementary 3.2
- Medium 4.2

SERIES EVENT 3

Your Choice test in
your chosen level!!!

Please indicate above if you have a preferred time. No guarantees but every effort will be made to accommodate you.

IMPORTANT NOTES: -Please ensure you have read the Conditions of Entry prior to submitting your entry. While we and our venue have Public Liability Insurance, **we strongly recommend that all entrants have their own personal insurance (we recommend EWA membership, as Insurance is included with most membership types).**



ENTRY FORM—EVENT 3

Pre-entries close 27th November 2023 (unless at capacity prior)

Judge: Tracy Spackman



Email entries to:

events@kandkequine.com

Payment Options:

*Direct Deposit to-(Reference: NAME& Dressage)
K & K Equine
BSB: 066-165 Account: 1046 5997
(A copy of receipt required with entry)

Fees:

\$40 1 test, \$70 2 tests
\$15 Ground Fee
\$5 Helper Fee
\$10 Rider Levy (Non EWA)

Please print clearly

Name of Owner: _____ EWA No. (if applicable): _____ PIC No.: _____

(Note: The rider, if different to owner, is required to complete and sign their own Risk Waiver/Disclaimer and Medical form.)

Email Address: _____ Phone Number: _____

Emergency Contact: _____ Emergency Contact Number: _____ Relation: _____

Entrant Signature: _____ Date: ____/____/____

(If Rider is Under 18, legal parent/guardian to complete)

Rider Name: _____ EWA No.: (if applicable) _____ Date of Birth: ____/____/____

Rider (if under 18) Legal Parent/Guardian Name: _____ Contact No.: _____

Rider (or Legal Parent/Guardian) Signature: _____ Date: ____/____/____

Name of Horse: _____ Rego (please circle): EWA/SHCWA/Breed/Other

Details/Rego #: _____ Horse Age: _____ Horse Height: _____ Horse Breed: _____

Please nominate your test and preferred time below.

Note: Preparatory is limited to horse and rider combinations that have not won more than two (2) first places in any previous Dressage events. The combination can only enter Preparatory if they have NOT previously competed at Novice or above. You may enter up to two (2) tests of the same or consecutive levels.

(Test 1) _____
(Test 2) _____ (optional)

Entry Fee (\$40-1 test, \$70 2 tests):	\$
Ground Fee (\$15 per horse):	\$15.00
Helper Fee (\$5): <i>If you are able to help, please contact us before making payment</i>	\$5.00
Insurance Levy (\$10 per rider)- EWA members fee waived:	\$
Stabling Required (\$10):	\$
TOTAL ENTRY FEE:	\$

SERIES EVENT 1

- Preparatory 1
- Preliminary 1.1
- Novice 2.1
- Elementary 3.1
- Medium 4.1

SERIES EVENT 2

- Preparatory 2
- Preliminary 1.2
- Novice 2.2
- Elementary 3.2
- Medium 4.2

SERIES EVENT 3

Your Choice test in
your chosen level!!!

Please indicate above if you have a preferred time. No guarantees but every effort will be made to accommodate you.

IMPORTANT NOTES: -Please ensure you have read the Conditions of Entry prior to submitting your entry. While we and our venue have Public Liability Insurance, **we strongly recommend that all entrants have their own personal insurance (we recommend EWA membership, as Insurance is included with most membership types).**

Risk Warning and Waiver of Liability

Name of Provider	K & K Equine		
Address of Provider	PO Box 5620, Canning Vale South	State: WA	Postcode: 6155
Name of Participant			
Address of Participant		State:	Postcode:

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

Handling of horses and horse riding in a competition environment

Description of Activities:

Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.

I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider. I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

I acknowledge that the risk warning above constitutes a "risk warning" in accordance with the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA).

Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgment or physical capacity, before or at the time of engaging in the Activities.

Provider includes the officers, employees, agents, contractors, franchisees and assigns of the Provider.

Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familiarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.

Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or willful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

Waiver

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

For Queensland, New South Wales, Western Australia, Tasmania, Northern Territory and Australian Capital Territory and Commonwealth

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth), the *Consumer Affairs and Fair Trading Act* (NT) and the *Australian Consumer Law*) and recreational activities (as defined by the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual
 - (i) That is or may be harmful or disadvantageous to you or the community;
 - or
 - (ii) That may result in harm or disadvantage to you or community;

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the *Civil Liability Act 2002* (WA) and section 5N of the *Civil Liability Act 2002* (NSW).

Under section 22 of the *Australian Consumer Law and Fair Trading Act 2012*, the supplier is entitled to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the *Australian Consumer Law and Fair Trading Act 2012* if you are killed or injured because the services provided were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. **Gross negligence**, in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the *Australian Consumer Law and Fair Trading Regulations 2012* and section 22(3)(b) of the *Australian Consumer Law and Fair Trading Act 2012*.

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the Provider for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is excluded.

Declaration and Signature

I have read carefully and understand this risk warning and waiver of liability and sign it freely and voluntarily without inducement of any kind.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____

For Participants under age 18

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: _____ Date: _____

Name (Print): _____

Signature of Witness: _____ Date: _____



K & K EQUINE

Confidential Riding Application and Medical History Form



Riders name:

Over 18
(Check Box)

Contact Numbers:

Age:
(if under 18)

I am applying to ride with

- 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 and the correct footwear at all times
 - I will read and follow all signs on the property and follow all instructions
 - The Instructor/Guide may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions

Riding experience The number of times the rider has ridden in the last 12 months

Indicate below the number of times the rider has ridden in total

<input type="checkbox"/> 0 - 10	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> 50 - 100	<input type="checkbox"/> 100 +
Little experience	Some experience	Average experience	Experienced	Very experienced

In the case of any emergency the following information is intended to assist:

Name and telephone numbers of contact people. ** Legal guardian details must be provided if rider is under 18 years of age

Emergency contact name	Relationship with rider	Mobile	Home	Work

Are there any learning difficulties that need to be discussed, so the Instructors/Guides are able to accommodate accordingly?

Please describe:

Do you (or your child) suffer from any of the following? NO (Please tick if applicable)

Please tick: Any pre-existing medical or other condition that may affect or risk other persons or myself.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy / Fits	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Disability	<input type="checkbox"/> Back injury
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Blood Condition	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Migraines	<input type="checkbox"/> Uneven Pupils	<input type="checkbox"/> Medications
<input type="checkbox"/> Allergic Reactions	<input type="checkbox"/> Recent injury	<input type="text"/> Other (describe)				

Allergies

Please describe allergy and reaction

Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunisation

Medication

Is it necessary for you or your child to carry their own medication at all times?

Name of drug: Frequency: Dosage:

Consent To Medical Attention

I authorise the instructor in charge to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature of Rider

Signature of Legal Guardian (if participant is U/18)

Date:

Privacy Statement – Privacy Act 1998

By completing this form you are supplying the Provider with personal information about yourself. This information is needed to ensure your safety during your time with us. The Provider is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above