



Northern Cowboys Association & Aileron Bush Club Inc. DAY Membership 2018 Southern Cross Aileron Bush Weekend March 31st & April 1st Nomination Form

GYMKHANA NOMINATION

Nominations Close at 7:15 am Saturday March 31st 2018. No Late Nominations will be accepted.

Name:	Horses Name:
Address:	
Ph:	Date of Birth:

*(All competitors must be affiliated with the NCA & have Personal Accident Insurance) i.e. pay NCA Day Membership & insurance fees below**
 I wish to nominate for the following events (one person per form):

<u>Under 14's</u> (5-under 14 years)		Tick each event	<u>Led class</u> (3-under 11 years)		Tick each event
*NCA Day Membership	\$5		*NCA Day Membership	\$5	
*Personal Accident Insurance	\$10		*Personal Accident Insurance	\$10	
Bending Race	\$5		Bending Race	\$5	
Flag Race	\$5		Flag Race	\$5	
Keyhole Race	\$5		Keyhole Race	\$5	
Barrel Race	\$5		Barrel Race	\$5	
Apple Bobbing Race	\$5		Apple Bobbing Race	\$5	
Letterbox Race	\$5		Letterbox Race	\$5	
TOTAL PAYABLE	\$		TOTAL PAYABLE	\$	

*All competitors must be 3 years of age and over as of the 31st day of January 2018.
 The entry fee contributes towards insurance costs – remainder of cost are covered by the Aileron Bush Club Inc.*

I _____ of the above address,
 or _____ do hereby declare that the information supplied is true and correct and I agree to abide by the rules of the Northern Cowboys Association and the Aileron Bush Club Inc. I agree that: I participate at my own risk, and that the Aileron Bush Club Inc., Aileron Station, Members, Officials, Stock Handlers and employees 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 participation in an affiliated event or at common law or any other way. I agree to immediately report to the event organiser any injury to myself, or the animal provided for my use. I understand that Northern Cowboys Association insurance may not cover ambulance transportation. I understand that in the event of an accident or injury Aileron Bush Club Inc. will not cover ambulance transportation.

SIGNED: _____ **DATE:** _____
(If under the age of 18 years, Parent/Guardian needs to sign.)

Parent/Guardian's Name: _____