



Northern Cowboys Association & Aileron Bush Club Inc.
DAY Membership 2019
7 Central Aileron Bush Weekend
20 April 2019
Nomination Form

GYMKHANA NOMINATION

Nominations close at 7:15am 20 April 2019. No late nominations will be accepted.

Name:	Horses name:
Address:	
Phone:	Date of birth:

All competitors must be affiliated with the NCA and must have personal accident insurance, which can be arranged by paying the fees below.

I wish to nominate for the following events (one person per form):

Open (18 years and over)	Fee (\$)	Tick	Intermediate (14 to under 18 years)	Fee (\$)	Tick
*NCA Day Membership	15		*NCA Day Membership	10	
*Personal Accident Insurance	10		*Personal Accident Insurance	10	
Bending Race	10		Bending Race	5	
Flag Race	10		Flag Race	5	
Keyhole Race	10		Keyhole Race	5	
Barrel Race	10		Barrel Race	5	
Letterbox Race	10		Letterbox Race	5	
Apple Bobbing Race	10		Apple Bobbing Race	5	
TOTAL PAYABLE			TOTAL PAYABLE		

All competitors must be 3 years of age and over to 80 years and younger as of the 31st day of January 2019.

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 Trustees of Aileron Racecourse Reserve, the Aileron Bush Club Inc. and its 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: _____