

Namibia Endurance Riding Federation

NAMISIA/	NERF AHS Derogation and Indemnity Form 2024				
ENDURANCE	Ride Name:				
	Date:				
		Indemnity			
	All owners/i	riders must complete	this section.		
Horse Owner Name and Surname:					
Horse Owner Contact Number:					
Horse Name:		Passport Number:			
I, the undersigned owner of the hors participating in an event where unv unvaccinated horses permitted under t	accinated horses may be present. I	agree to absolve and in	ndemnify the Organizing Com	nmittee, Officials, N	ERF and the owners of
Owner Signature		Date			
	AHS De	rogation Self Declarati	on Form		
-	To be completed for horse				
Co	ompleted form must be handed in t	to the AHS Derogation (Officer when you arrive at the	e venue.	
Date of last AHS Vaccination:	Provi	Towns and the ANA	Towns and two DD4	Name of access	
Date:	Day:	Temperature AM	Temperature PM	Name of person	who took temperature:
	Day 1				
	Day 2				
	Day 3				
	Day 4				
	Day 5				
=					
	the AHS Ride Derogation Officer				
Date:	Day: Arrival	Temperature AM	Temperature PM	Ans Dei	ogation Officer
	Day 2				
	Day 3				
	Duy 3				
AHS Derogation Officer Signature		Officer Name			Date
Rider/Owner Signature		Rider/Owner Name			Date
Ride Organiser Signature		Organiser Name			Date