



## Young Rider Dressage Training Clinic 5<sup>th</sup> – 7<sup>th</sup> of October 2010.

**Venue: Hawkesbury Showground, Clarendon.**

**Instructors: Linda Foster, Claire Wickins-Seidl, Blas Lago.**

**Please circle** if you are: State Squad or Open Clinic participant.

<b>Name</b>						
<b>Address</b>						<b>P.C</b>
<b>Phone</b>		<b>Fax</b>		<b>Mob</b>		
<b>Email</b>						
<b>Rider EFA No.</b>						
<b>Name of horse</b>				<b>Level of training</b>		
<b>I wish to book a stable</b> <i>(please circle days you wish to book a stable)</i>	<p><b>Please Note: No Stable Bond</b> required but you will be charged a cleaning fee if your stable is not clean when inspected <b><u>before</u> you depart.</b></p> <p style="text-align: center;">Sun   Mon   Tues   Wed   Thu   Fri   Sat</p>					
<b>Camping</b>	<p><b>Campsites:</b> Call Mary Aveyard, Hawkesbury Showground Ph: 02 4577 3591 to make a booking.</p>					
<b>Fees</b>	<b>Clinic fee, lecture &amp; lunch</b>		\$121.00 per day			
	<b>NSW Squad Riders</b>		\$60.50 per day			
	<b>Administration Fee</b>		\$5.00			
	<b>TOTAL Payment</b>		\$			

<b>PAYMENT DETAILS</b>	
Payment to be made to Dressage NSW Send to: Flora Robson, Braeton Park , 77 Tuckerman Rd, Ebenezer NSW 2756:	
I wish to pay by cheque/ credit card	
Credit card type	Mastercard   Visa
Name On Card	
Credit card number	
Expiry date	
Signature	
<i>Paying for Young Rider Clinic 5<sup>th</sup> - 7<sup>th</sup> October 2010 –Complete &amp; sign Waiver on following page</i>	

# Member Release and Waiver of Liability

Equestrian Australia

ACN 077 455 755 ABN 19 077 455 755



Full Name of participant (and guardian if under 18 years).....

Address.....

State .....Post Code.....Date of birth.....

Name of Club/Organisation: **Dressage NSW Inc**

Membership No. **2026291**

Address of Event / Activity: **Young Rider Training Clinic 5-7 October 2010**

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, and **I voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding where this is required under the relevant EFA and FEI rules and regulations and agree that I am solely responsible for ensuring that whilst riding I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of rider/guardian\_\_\_\_\_

## For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of rider/guardian\_\_\_\_\_