



## SHOW RIDING CLINICS TATURA 2010

### ONE FORM PER PERSON

Name:		
Address:		
Membership Number:	Age:	
Email:	Phone:	
Emergency Contact:	Emergency Contact Phone:	
Horse Name:	Age:	Size: Pony / Galloway / Hack

- Quality instruction by EA/NCAS instructors in a very safe environment. Plus: Special guest speakers on a number of relevant topics at selected clinics.
- Cancellations without receipt of a medical/vet certificate will forfeit 50% of the entry fee.
- LIMITED SPACES AVAILABLE – PREFERENCE GIVEN IF ATTENDING 2 DAYS (SAT & SUN)
- Times will be forwarded prior to the clinic (email address is first preference)
- Stables, yards & sites can be Booked through City of Greater Shepparton 03 5832 9858
- BYO lunch
- Please advise of any special requests, eg preferred time due to travelling etc. Every effort will be made to accommodate however, no guarantee can be given.
- **Riders must be current Equestrian Victoria members or pay the \$50.00 non-member insurance fee and complete the waiver.** Membership forms available on website [www.vic.equestrian.org.au](http://www.vic.equestrian.org.au)
- One form per person.
- All Enquiries to: Julie Wood on [pandoraspanels@bigpond.com](mailto:pandoraspanels@bigpond.com) or 0428 651 301 (AH)

CLINIC DATES	APPLICATIONS CLOSE	SATURDAY		SUNDAY		TOTAL
17-18 July	9 July	\$75.00		\$75.00		\$
28-29 August	20 August	\$75.00		\$75.00		\$
<b>Non-Member Insurance Levy (Must complete waiver)</b>						<b>\$50.00</b>

**Total Amount:** \_\_\_\_\_

All prices include GST

#### Rider's Ability

Novice  
Intermediate  
Experienced

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

#### Horse's Standard

Green  
Novice  
Educated

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**SPECIAL REQUESTS:** \_\_\_\_\_

**Payment:** I enclose *cheque / money order* to **Equestrian Victoria** or charge my: *VISA or MASTERCARD* (please circle)

For: \$.....

Card Holders Name: ..... Signature .....

Card Number: ..... / ..... / ..... / .....      Expiry Date: ..... / .....      CODE: SH TATURA



## MEMBER DANGEROUS ACTIVITY ACKNOWLEDGEMENT

(This Release and Waiver will apply to all Equestrian Vic endorsed activities)

Full Name of participant and of guardian if under 18

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Address.....

.....State.....Post Code.....

Date of Birth...../...../.....EV Membership No .....

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 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 understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs. 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 immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI Rules and Regulations.

I have had sufficient opportunity to read this Member Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of Applicant / Guardian \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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.

Full Name of Responsible Guardian/Parent \_\_\_\_\_

Signature of Guardian / Parent \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_