



General Clinic Form

EMAIL TO tonya.turner@bigpond.com.au

Or post 31 Halls Rd Arcadia 2159 NSW

Name of Clinic : Lauren Louw

Please note: This clinic precedes November show

YOUR FULL NAME : _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

Dates attending:

Friday Lessons 8th Nov \$130. _____ Saturday clinic 9th. \$150 _____

Sunday show team 10th \$50 Dec _____

PLEASE TICK

I AM A MEMBER

I AM NOT A MEMBER

MEMBERSHIP (SINGLE \$35, FAMILY\$50 AND YOUTH \$20)

DAILY CLINIC RATE BENCH SITTER \$35

MEMBERSHIP + CLINIC RATE TOTAL _____

PLEASE MAKE ALL CHEQUES PAYABLE TO CENTRAL COAST QUARTER HORSE

PLEASE NOTE PAYMENT IS DUE AT TIME OF BOOKING NO POSITION WILL BE GUARANTEED UNTIL PAYMENT IS RECEIVED

IF transferring BY ONLINE BANKING PLEASE USE THE CLINIC NAME AND YOUR SURNAME EG Lauren Smith

No refund will be given to any rider position if you change your mind 3 weeks ahead of the clinic, an 80% refund might be given if the position is filled and paid for by another rider. Note this does not apply for fence sitters.

Please pay CENTRAL COAST QUARTER HORSE ASSOCIATION INCORPORATED

BSB: 062318 , ACC : 1044 5667

Declaration:

In completing this form, you agree to the rules set out by the CCQHA . PLEASE TICK _____

I approve use of photos taken at CCQHA shows/ clinics and training. PLEASE TICK _____



(Stabling or overnighting please contact me separately Tonya 0434728522)

PLEASE ALSO COMPLETE THE LIABILITY WAIVER ON THE NEXT PAGE
LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE 2018-19

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledge of the terms and conditions of this agreement. By signing this form, you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Law s conditions are implied into contracts that mean that the Provider of Recreational Services, noted below , is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider: **Central Coast Quarter Horse Association**

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledge that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:

HORSE RIDING & COMPETITION OF THE CENTRAL COAST QUARTER HORSE ASSOCIATION Steps taken by the Central Coast Quarter Horse Association to avoid the danger of personal injury or death 1. Providing assistance to Affiliates to support those Affiliates in the safe conduct of their activities. 2. Implementation of a risk management approach to events sanctioned by the Association 3. Publication of resources to support the risk management approach of the Association and its Affiliates 4. Implementation of the rules and regulations as agreed by the Board of Directors of the Association

The Participant acknowledges that during all times while he or she is attending the recreational activity, he or she does so at his or her own risk, and that the Participant, and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate and seek help and/or assistance and advice.

Declaration

By completing and submitting this agreement I/we understand that the Recreational Services, as set out in this form, may cause my/us and or my/our dependents personal injury or death. By completing and submitting this agreement I/ we understand that I/we and my/our dependents waive our rights to sue the Provider for losses relating to my/our and or my/our dependents personal injury or death that result from any negligence caused by the Provider.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name of legal guardian (if participant is under 18) _____

Name: _____ Date: _____