



Southern Vales Dressage club

Proudly Presents

LINDA O'LEARY

Saturday, 9th September 2017

Aldinga Equestrian Park - Port Rd, Aldinga

Private sessions \$88 / Groups of two riders \$44

Name.....SVDC/EA Member No (if applicable).....
Address.....
Ph No (home)..... (mob)..... Email:.....
Dressage/Flatwork experience.....
.....
Emergency contact Ph No.....

Please make payment payable to:

ANZ

Acc name: Southern Vales Dressage Club

BSB: 015 627

Acc No. 4862 10576

Please post completed registration form & EA waiver form along with payment receipt to

**Clinic Co-ordinator
PO Box 658
McLaren Vale SA 5171
0402 766 487**

Clinic places will only be confirmed once registration form and payment in full has been received by SVDC. Cancellation refunds shall only be given upon receipt of a vet/medical certificate

Riders wishing to be paired with another specific participant are asked to contact clinic co-ordinator prior to sending in entry to ensure this is possible.

Places limited to be quick to avoid disappointment!

Non-Member Application / Entry Form

Release of Waiver of Liability



Equestrian Australia Limited
ACN 077 455 755 ABN 19 077 455 755
www.equestrian.org.au

Participants in Club-organised horse activity days, who are not members of the organizing club or registered members of EA, are upon completion of this form deemed to be members of the club during such activities for the purposes of participation only. Protection is afforded to the participant under the club's public liability policy during such activities where they are liable for bodily injury or property damage to others. Please note this membership does not provide EA Personal Accident Insurance and that the club is required to remit the applicable day membership fee to the EA National Office. Further information about the cover afforded can be found at www.equestrian.org.au.

Full Name of participant (guardian if under 18 years)

..... Date of birth

Address.....

.....StatePost Code

Event / Activity: Dressage Clinic with Linda O'Leary

Address of Event: Equestrian park, Port rd, Aldinga, South Australia.

Date(s) of Temporary Membership: 09/09/17

Name of club holding Event / Activity: Southern Vales Dressage Club – Dressage clinic

Horse Sports are a Dangerous Activity

In consideration for being permitted to participate in any way in horse sport activities and in particular this event, 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 and in particular this event.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of The Equestrian Federation of Australia and/or the event organiser (hereafter referred to as the "Releasees") or others 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 activity 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 this event.

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 event 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 and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

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

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless and agree not to sue Equestrian Australia and/or the event organiser, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

Effect of this Document

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that

I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated: ____/____/____ Signature of participant_____

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 his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin,

I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees

Dated: ____/____/____ Signature of parent/guardian_____