





JUNIOR CLINIC 2017

BOYD EXELL

Bob Edwards | Elizabeth Lawrence | Bill Wicks 30TH SEPTEMBER – 3RD OCTOBER 2017 TAMWORTH SHOWGROUND NSW

	Entries Clo	se – 19 th SEPTEM	BER 2017			
Oriver Name:		Driver Age:		Driver Hei	ght:	
EA/HDT or EA Affiliated C	lub Member No.		Mobile No:			
Parent/Guardian Name:			Mobile No:			
Address:						
State:			Postcode:			
Email Address:						
Grooms Name:			/HDT or EA Affilia	ated Club	Member No:	
Grooms Age:		Grooms Mobile No:				
Driving Experience	Advanced	Intermediate	Beginner	Ne	ver driven befor	e
Questions for and about	the Driver (minimum age	of 8 Years) - Please to	ick or complete			
	norse/pony to the clinic (Sing		•			
	orse/pony to the clinic (Multi					
will require a stable/s for	my own horse/pony – Pleas	se confirm the number of	of nights that you	will require	e stables for:	
	orrow a horse/pony for the			•		
		eparture Date -	Number of pe	ople in my	camp site -	
Questions for and about	the horse/pony that you v	will be bringing (for th	ose bringing the	eir own)		
My Horse/Pony's Name is						
My Horse/Pony's Height is		My Horse I	Pony's Age is:			
My Horse/Pony's Experier		Advanced	Intermed	ate Beginner		
Type of Vehicle that I will I						
71	3 3 (/					
FEES						
	own horse +3 nights stabling	g x1 horse +3 nights ca	mpina x2people	\$295.00)	
3.5-day Junior Clinic with own horse + 3 nights stabling x1 horse (no camping)				\$235.00		
3.5-day Junior Clinic with borrowed horse/pony + 3 nights stabling x1 horse/pony				\$235.00		
3.5-day Junior Clinic – No horse/pony but participation in all activities				\$175.00		
Fence Sitting Fee (must have an association to a junior driver – no participation in activities				\$50.00/day		
Additional Stabling (\$20/stable/night)				\$20.00/stable/night		
Additional Camping (\$10/person/night)				\$10.00/person/night		
EA Affiliated Club Member - Driver				\$10.00/		
EA Affiliated Club Member - Groom				\$10.00/Groom		
NON EA/HDT or EA Affiliated Club Event Membershi		o - Driver		\$30.00/Driver		
NON EA/HDT or EA Affilia	ted Club Event Membership	o - Groom		\$30.00/Groom		
					TOTAL\$	
Junior Clinic Organiser	Email and Phone	Postal	Direct Deposit			
	aelec.secretary@gmail.com	Ms Judy Meredith		Horse Driving Trials Club NSW Inc		
Judy Meredith &	02 67727789	P.O. Box 4686	BSB : 932000			
Jessica Stockings	0412955056	Armidale 2350 NSW	Account No: 693			
l I have attached a signed 30th Sept – 3rd Oct 2017.	Club account by direct deportance EA waiver for myself (junionions of Entry (page 2 of this	r driver) and my nomina	•	-		ing
	ures taken at the clinic to be	•	ournoses (nlesse	ticket if w	ou approve)	
i approve the use of pict	uies taken at the chill to be	tused for profitorional p	uiposes. (piease	ucket ii yt	ou approve)	

CONDITIONS OF ENTRY

Clinic Information

- The **ENTIRE JUNIOR CLINIC** will be run under Equestrian Australia rules. (please ensure you read these if you are unsure of age and groom restrictions)
- Only Drivers and the nominated groom (only1 groom/driver) that paid for the Clinic will be able to participate in the Clinic.
- Any parent, guardian or helper that would like to sit in on the clinic will be charged a fence sitting fee of \$50/day.
- All Drivers must organise their own groom. We recommend against groom sharing.
- Juniors Clinic Driver badges will be issued for the duration of the clinic and must be worn to gain access to lesson areas.
- A fifty percent refund will only be made if a Veterinary Certificate of unsoundness or a Doctors Certificate is submitted by Friday 22nd September 2017. You may on-sell your clinic package to receive a full refund.
- It is <u>COMPULSORY</u> for all persons to wear protective headgear & Back protector whilst in the carriage or on a horse at showground.
- Event Waiver MUST be signed and sent in with Entry Form by driver and groom/s.
- Should the driver or groom not be a member of Horse Driving Trials Club, Equestrian Australia or another Equestrian Australia
 Affiliated Club they can join the Horse Driving Trials Club for an <u>Event Membership Fee \$30/person</u>. This will cover you
 from 30th September 3rd October This will cover you only while you are on the grounds of Tamworth Showground
- Should the Driver or Groom be a member of an Equestrian Australia Affiliated Club there is a small fee to cover event insurance - \$10/person. This will cover you from 30th September – 3rd October – This will cover you only while you are on the grounds of Tamworth Showground
 - NOTE: Club Membership only covers for Public Liability. Equestrian Australia Membership covers for Personal Accident and Public Liability

Borrowed Horse/Pony Information – first in, first allocated to a horse/pony!

- The borrowed horse/pony will be in the care of the owner. The driver and groom, however are expected to help where possible with harnessing, feeding, watering and cleaning out the stable.
- The Organising Committee will do its best to match horse/pony with driver experience
- Once a horse/pony has been allocated to you, you will have this horse/pony for the duration of the clinic.
- Should there be an overwhelming interest in borrowed horse/ponies, some drivers may share the one horse/pony for the duration of the clinic

Camping & Stabling

- ALL DOGS MUST BE ON A LEAD AT ALL TIMES
- All Stables will be allocated by organising committee One Horse/Pony per stable
- Should you have more than one horse you will need to pay the additional fee of \$20 stable/night
- Sawdust is available at own cost, however base of stable is suitable as is
- A fee of \$35 will be charged, should stables not be cleaned out once you leave the Showground
- There are several nearby Feed stores. We recommend Hazells Farm & Fertilizer Services Contact Number (02) 67621363.
- Camping included in package is based on only 2 persons in camp. Should there be more in your camp, you will need to pay the additional fee/person/night.
- All Camping Sites are powered sites

Signature ___

• All Camping must be paid directly to the Club before arriving on site

Please should you have any questions in regards to your entry, please contact the Junior Clinic Organisers – Judy Meredith seedco@yahoo.com.au or Jessica Stockings aelec.secretary@gmail.com

I (driver) ______ understand and agree to all the conditions of entry for the 2017 Junior Clinic being held by the Horse Driving Trials Club Inc. I understand that certain parts of the Junior Clinic may change at any time. I will respect others that are participating in the clinic and understand that the Coaches and Presenters are volunteering their time and will do and respect their instructions.

Name ______ Date _____

Parent/Guardian Name _____ Date ______



EQUESTRIAN AUSTRALIA LIMITED
RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

CLUB NAME: Horse Driving Trials Club Inc NSW

CLUB ADDRESS: 2092 Summerland Way, Grafton 2460 NSW (Clinic Secretary)

EVENT: **AELEC Horse Driving Trials** (hereafter referred to as "EVENT(S)")

NOTE: the Competition & Consumer Act 2010 ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

- 1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
- 2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the club/coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE OF THE RELEASEES OR OTHERWISE.
- 4. HEREBY ASSUMES FULL RESPONSIBILTY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES OR OTHERWISE.
- HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENCE RESCUE

OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is

held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE
CONTENTS OF THIS DISCLAIMER.
NAME (BLOCK LETTERS)
SIGN HERE DATE
PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS. I, being the parent/guardian of the abovenamed . confirm that I have read the whole of this
document and have taken all necessary actions to ensure I am aware of the activity which
the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing
death, bodily injury, disability and property damage can and do happen. I agree that neither
the Branch, club/coach, participants, EA and its state bodies, or any subdivision thereof,
officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers,
owners and lessees of premises used to conduct the EVENT(S) shall be under any liability
whatsoever for the death or any bodily injury, loss or damage which may be suffered or
incurred by the abovenamed or by me in or being present at any activity conducted by, or
on behalf of the BRANCH except for any rights the abovenamed or I may have arising under
the Competition & Consumer Act (Cth) (or similar legislation)
By signing hereunder I confirm having read and understood the contents of this
disclaimer.
NAME (BLOCK LETTERS)

SIGN HERE DATE____