



Mick Taylor Clinic

31st May, 1st June (Half day) 2nd May

Karinya Equestrian Centre

27 Grant Street Orange Grove

Name: _____

Address: _____

Email: _____

Phone number: _____

(Please fill in a separate form for each person attending the clinic)

SIGNATURE OR PARENT/GUARDIAN (For those under 18)

Clinic Fees: \$400

50% deposit payable to book rider position. Balance due 24/05/2019

Camping Available \$10 per night

Ground fee \$10 per horse per day

Further enquires to Rebecca - WARHCommittee@outlook.com

Direct deposit details:

Account Name: Western Australian Reining Horse Association

BSB – 036 122 Account – 566 314 - Please include your surname as reference.



DISCLAIMER AND WAIVER OF LIABILITY

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

As a condition of participating that neither the club/coach, participants, Western Australian Reining Horse Association Inc. 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 for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

I agree to abide by the Rules and Regulations of the Western Australian Reining Horse Association Inc. its affiliated clubs and/or the management/organiser of the activities and I will follow all direction of the management/organiser of the activities.

My failure or refusal to do so can result in my immediate disqualification from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such noncompliance may result in injury, death and/or permanent disability.

Although it is recommended, I am solely responsible for wearing or not wearing a suitable helmet and I acknowledge I ride at my own risk.

I understand that the Western Australian Reining Horse Association Inc. its affiliated clubs and/or management/organiser takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organiser's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Print Name:

Dated

.....

Signature of Rider or Parent/Guardian (if signing on behalf of youth)

.....



Horse Event Participation Declaration

Event Event Date.....

Name of person in charge of horse(s).....

Address.....

Contact number.....

Name of Horse	Identification (colour/markings/brands/microchips

Address of property where horse(s) kept

.....

Destination Address

.....

Health of Horse(s)

I declare that the horse(s) named above has/have been in good health and eating normally during the last **30 days leading up to this event.**

I give my authorisation for the Event Organising Committee/Biosecurity Manager to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary examination.

Signature

Date.....