RIVERSIDE PARK PONY CLUB COME AND TRY RALLY SUNDAY 20TH SEPTEMBER 2020



EXPRESSION OF INTEREST

Name:	DOB: (as of 1st January) AGE:
	,
Pony name:	Height of pony:
1 ony name.	rieight of polity.
Address:	
Email:	
Emergency Contact:	Phone:
Parent/ Guardian Contact:	Phone:
Tarong Guardian Contact.	i none.
Riding ability: how long have you been ridir	g? Can you ride off-lead? What height are
you jumping? Can you walk, trot, canter? Ha	
relevant information?	
DISCLAIMER OF LIABILITY	
Neither the Organising Committee, Section C	Organisers, the Pony Club Association of
Western Australia Inc, nor any officials appoi	
any liability for any accident, damage, injury	· · · · · · · · · · · · · · · · · · ·
grounds, spectators or any other person or p	roperty whatsoever.
ALL RIDERS RIDE AT THEIR OWN RISK.	
A Day Insurance waiver will need to be significant to be significant.	aned and a day insurance fee naid which
is included in the day rally fee of \$50.	ined and a day insurance lee paid which
Name Signature	Date
· ·	
Parent or Guardian to sign if rider is under 18 years of age	