



SINGLE CLINIC ENTRY FORM

Clinic Particulars

Clinic Name: CCHSWA Winter Fun Day 2021
Clinic Date/Time: June 12th, 2021 – 10am-3pm
Clinic Location: Mundijong Markets

Participant Details

Name: _____
Address: _____
Telephone: _____
Email: _____

Cost

- Member – \$25
- Non-Member – \$45
- Spectator Only – \$10

Payment Details – Direct Deposit

Account Name: CCHSWA
BSB: 066-157
Account Number: 00907492
Enquiries: Email: tamwa@bigpond.com (Tammie)
Phone: 0414 879 854 (Susan)

Other Information

Please include the following:

- Signed form applicable to Member or Non-Member
- Payment receipt



COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA

(Federal Council) Incorporated
Reg.No. A0019631A ABN 24 748 123 650

PO Box 1053 Bendigo Victoria 3552
Telephone: 03 5442 8890

Email: fedsec@clydesdalehorse.com.au Website: www.clydesdalehorse.com.au

APPLICATION FOR CASUAL DAY PARTICIPANT INSURANCE

NAME:

POSTAL ADDRESS:

..... **POSTCODE:**

TELEPHONE:

EMAIL:.....

CCHSA BRANCH:

EVENT :

I wish to compete in event conducted by this Society and/or a Branch of this Society and agree to pay the Casual Day Participant Insurance Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society. I am aware that after using this insurance levy **twice within a financial year**, I may be offered full membership by completing a CCHSA membership application and pay the prescribed fee of \$70.00 per annum to the Society, and that the annual Membership levy falls due on 1st July of each year.

I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

Enclosed please find remittance of \$20.00 per event being for Casual Day Participant Insurance.

I, as the participant accept the above agreement.

Signature:

Printed Name:

Date:

Note: \$20.00 Fee includes GST



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CCHSA MEMBER'S INDEMNITY FORM

CCHSA BRANCH:.....

EVENT TITLE:.....

NAME OF MEMBER:

MEMBERSHIP NO:

POSTAL ADDRESS:

..... **POSTCODE:**

TELEPHONE:

EMAIL:.....

I agree and consent to being a participant in the above outlined event. I hereby also *agree to release, discharge and to hold the Commonwealth Clydesdale Horse Society Australia* harmless for any accidents, harm and/or loss, which I may suffer as a result of participating in the outlined event.

In addition, I hereby agree to indemnify the Commonwealth Clydesdale Horse Society *Australia* and its servants, volunteers and agents for any loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of myself and arising out of or in any way connected to the outlined event.

I authorise the Commonwealth Clydesdale Horse Society Australia to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the Commonwealth Clydesdale Horse Society Australia to obtain or administer such medical treatment and I further agree to pay the costs of such treatment.

In the event of there being any known medical conditions for myself or the need for taking of medication which would affect the rendering of any urgent medical assistance, I give consent that my details be recorded below and kept in a confidential manner by the above-named group organising this event.

Known Allergies:

Medication:

.....

Signature: Date: