



SHCV WINTER SCHOOL – HORSHAM
 Riverside Equestrian Centre, Riverside East Rd,
 Wimmera Recreation Reserve, Horsham
SATURDAY 21 AUGUST 2010
 Instructor – Helen DeBroughe
SUNDAY 22 AUGUST 2010
 Instructor – Gary Beaton

INFORMATION

- Priority will be given to members, although every effort will be made to cater for anyone wishing to attend
- Lessons commence at 9:00am sharp and finish at 4:00pm. Two lessons per horse/rider combination.
- Times of lessons will be confirmed prior to the SHCV Winter School at Horsham (email is first preference)
- BYO lunch. Tea and coffee provided – please bring a cup!
- If you have any request(s), please make them known when submitting your application to attend the Winter School. The organising committee will make every effort to accommodate your request(s); no guarantee will be given.
- One form per person per horse. Additional forms can be downloaded at www.shcv.com.au
- Verifying of horses will be available on the day
- **REFUND:** A refund on a booking (less \$20 administration fee) will ONLY be given upon the presentation of a Vet or Doctor's Certificate to the organising committee no later than 21 May 2010. If notice is received after this date, a refund (less \$20 administration fee) will be given providing the organising committee is able to fill the vacated position in the Winter School.
- **CLOSING DATE:** 2 August 2010
- **ENQUIRIES:** E: shcv@eques.com.au (preferred), **Nicole Morrison** (0488 791 060) or **Donna White** (0419 801 237)

PAYMENT – Cheque or Money Order payable to SHCV Inc.

MEMBERS	\$55 per horse/rider combination for one day (One lesson ONLY) \$90 per horse/rider combination for both days (One lesson Sat / One lesson Sun)
NON MEMBERS	\$65 per horse/rider combination for one day + \$8 Non-Member Insurance Levy (One lesson ONLY) \$110 per horse/rider combination for both days + \$8 Non-Member Insurance Levy (One lesson Sat / One lesson Sun) <i>Non-Member Waiver must be completed and returned with booking.</i>
YARDS	\$5 per night - Please contact Donna to arrange

ONE FORM PER PERSON PER HORSE

Name:	Riders Age	Member: Yes/No & Number
Address:		
Email:		Fax No :
Contact Number:	Mobile Phone Number:	
Emergency Contact:	Phone Number of Emergency Contact:	

Instructors: Saturday – Helen DeBroughe / Sunday – Gary Beaton

Horse Name:	Age:	Height:
Rider's Ability: Novice Intermediate Experienced	Horse's Experience: Green Novice Educated	
If selecting the one day option, please indicate which day you will attending -	Saturday 21/8 – Helen DeBroughe Sunday 22/8 – Gary Beaton	

APPLICATION PROCESS

- Complete form (one form per person per horse)
- Attach payment and include stabling fees (if applicable) (cheque or money order payable to SHCV Inc)
- Stables must be booked and paid for with booking
- Forward to: **SHCV, PO Box 5374, Cranbourne VIC 3977**
- Closing date: 2 August 2010

**Non-Member Application / Entry Form
Release of Waiver of Liability**



Full Name of attendee and guardian (if under 18 years)

Address

State..... Post Code Date of birth.....

Horse's name.....

Event/Activity.....

Address of Event/Activity

Date of Event/Activity.....

Name of affiliate holding Event/Activity

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 proprietors of the Show Horse Council of Australasia Inc (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 during the event and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times 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** the proprietors of the Show Horse Council of Australasia Inc, 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 rider/guardian _____

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.....