



SHCV WINTER SCHOOL – GEELONG
 Silkwood Stud
 105 Devon Road, Barrabool
 Sunday 6th August 2017
 Instructor – Helen DeBroughe

(Limited places available)

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 approx 4:00pm.
 - Times of lessons will be confirmed prior to the SHCV Winter School at Geelong (**email is first preference**)
 - **Lunch - gold coin donation. Numbers to be confirmed with booking.** 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
 - **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 by no later than 25 July 2017. 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.
 - **Non Members MUST** complete and return the SHC Non Member Release of Liability Form.
 - **CLOSING DATE:** 18 July 2017
 - **ENQUIRIES:** E: admin@shcv.com.au (preferred), **Christine Nichols** (0408 394 807) or **Carole Lindeman** (0408 143 794)
- PLEASE NOTE - NO DOGS ALLOWED**

PAYMENT – Cheque or Money Order payable to SHCV Inc.

MEMBERS	\$72 per horse/rider combination (One lesson ONLY) inc GST \$105 per horse/rider combination (Two lessons – AM & PM) inc GST
NON MEMBERS	\$94 per horse/rider combination (One lesson ONLY) inc GST \$143 per horse/rider combination (Two lessons – AM & PM) inc GST (These fees include \$10 Insurance fee, waiver MUST be completed)

ONE FORM PER PERSON PER HORSE

Name:	Rider's Age	Member: Yes & Number/No
Address:		
Email:		
Contact Number:	Mobile Phone Number:	
Emergency Contact:	Phone Number of Emergency Contact:	

Instructor: Helen DeBroughe

Horse Name:	Age:	Height:
Rider's Ability: Novice Intermediate Experienced	Horse's Experience: Green Novice Educated	

APPLICATION PROCESS

- **POSTAL ENTRIES**
- Complete form (one form per person per horse) and post to SHCV by closing date.
- Attach payment (cheque / money order payable to SHCV Inc or Credit Card)
- Forward to: **SHCV Inc PO Box 1185 Mornington VIC 3931**



**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 _____



PAYMENT SHEET

MEMBER'S NAME

ADDRESS:.....

PHONE: EMAIL:

SHCV MEMBERSHIP No..... (if applicable)

PROCESS REQUIRED:

PAYMENT DETAILS

Please accept my Cheque / Money Order made out to: Show Horse Council of Victoria for the amount of \$

CREDIT CARDPAYMENT OPTION: I wish to pay by Mastercard Visa

Amount: \$..... Expiry Date:

Card Number: ____ / ____ / ____ / ____

Cardholder's Name:

Cardholders Signature:

Please return this form to :

SHCV Inc
PO Box 1185
MORNINGTON VIC 3931

OFFICE USE:

Rec'd:

Processed: