



SHCV WINTER SCHOOL – GEELONG
SILKWOOD STUd
105 Devon Road, BARRABOOL
Sunday 29th July 2018
 Indoor Arena
Instructor: Helen DeBroughe
 (Limited places available)

INFORMATION

- This clinic can be attended by financial SHCV members or financial members of a SHC Affiliate
- Non-Members are welcome to attend at a slightly higher fee and payment of listed insurance fee.
- **NO DOGS ALLOWED**
- Lessons commence at 9.00am.
- Times of lessons will be confirmed prior to the SHCV Winter School at Geelong (**email is first preference**)
- BBQ lunch available for a gold coin donation or BYO refreshments and lunch.
- If you have any request(s), please make them known on the Database or 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 no later than 22 July 2018. If notice is received after this date, a refund (less \$20 administration fee) will **ONLY** 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:** 15 July 2018
- **ENQUIRIES:** E: shcv@equus.com.au (preferred), **Christine Nichols** (0408 394 807) or **Nicole Morrison** (0407 843 076))

PAYMENT – Cheque or Money Order payable to SHCV Inc.

MEMBERS	\$80 per horse/rider combination (One lesson ONLY)
NON MEMBERS	\$110 per horse/rider combination (One lesson ONLY) These fees include \$10 Insurance fee, waiver MUST be completed
STABLES/YARD	Contact : Carole Lindeman 0408 140 874 (limited available)

ONE FORM PER PERSON PER HORSE – INSTRUCTOR: Helen DeBroughe

Name:		Riders Age	Membership Number
Address:			
Email:			
Contact Number:	Mobile Phone Number:		
Emergency Contact:	Phone Number of Emergency Contact:		
Horse Name:		Age:	Height:
Rider's Ability:	Novice Intermediate Experienced	Horse's Experience:	Green Novice Educated

APPLICATION PROCESS

- **Members please register for clinic via SHCA Database**
- **Non Members – please email or post forms** (one form per person per horse) to SHCV by closing date. (17 June 2018)
- Attach payment (cheque / money order payable to Show Horse Council of Victoria Inc or Credit Card)
- Forward to: **SHCV, PO Box 11885, MORNINGTON, VIC, 3931**
- **NOTE : There are ONLY LIMITED lessons available. If bookings exceed lessons refunds of fees will be issued within 7 days after the event.**

The SHCV would like to extend a huge thankyou to the Lindeman Family for allowing us to host this clinic at their property.



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 CARD PAYMENT OPTION: I wish to pay by Mastercard Visa

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

Card Number: ____ / ____ / ____ / ____

Cardholder's Name:

Cardholders Signature:

Please return this form to :

SHCV Inc
P O Box 1185
MORNINGTON VIC 3931

OFFICE USE:

Rec'd:

Processed:



**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 _____