AGE



FULL NAME OF RIDER

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

NON MEMBER DISCLAIMER STATEMENT- FOR PARTICIPANTS UNDER 18 YEARS OF AGE

CLUB NAME	EVENT OR ACTIVITY (hereafter referred to as 'event')	DATE OF EVENT		

- As parent or guardian of the below named rider, I confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the below named will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen. I agree that neither the club, participants, HRCAV or any subdivisions thereof, official volunteers, medical personnel, any person promoters, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the below named or by me, as a result of participation in or being present at the Event except for any right the below named or I may have arising under the under the Trade Practices Act 1974 (Cth) or similar State legislation.
- I understand that, due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs incurred by the organising committee for or on behalf of my horses as a result of a standstill.
- I agree to abide by HRCAV rules and the rules of the host Club whilst attending the event.
- I understand that the below named is required to have current public liability insurance cover under the HRCAV Day Membership scheme in order to participate. (Non members participating on behalf of the Club in a volunteer worker role excepted)
- I acknowledge and understand that the below named rider is not permitted to compete in jumping events where courses are set at heights exceeding their level of competency and that competency is to be established prior to competing.
- I acknowledge and understand that the organisers retain the right to remove from the competition any combination which clearly does not meet the HRCAV standards of competency for the discipline and/or level entered.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. EACH PERSON WHO SIGNS THIS FORM IS CONFIRMING THEY UNDERSTAND, AND HAVE AGREED TO, THE ABOVE DISCLAIMER STATEMENT.

ADDRESS	s			PHONE					
FULL NAME OF PARENT/GUARDIAN		SIGNATURE OF PARENT/GUARDIAN							
DECLARATION OF COMPETENCY To be completed by EA members competing in jumping classes. (PC members required to present grading cards).									
HORSE		D	ISCIPLINE			LEVEL			
HORSE		D	ISCIPLINE			LEVEL			
I hereby declare that the combination is competent to compete in the above event at the level/s indicated. Signature of parent/guardian									
DECLARATION OF COMPETENCY To be completed by persons competing in Navigation Rides.									
I hereby declare that the combination meets the minimum level of competency required to compete in the above event. Signature									
ORGANISING CLUB TO COMPLETE									
Day Membership fee paid \$ (cheque payable to organising Club). Receipt No:									
Club is required to remit fees to HRCAV via Day Membership Insurance Summary form within 7 days.									
Note: Non members participating/competing in HRCAV Club events, rallies or activities must purchase Day Membership. Day Membership entitles									

Note: Non members participating/competing in HRCAV Club events, rallies or activities must purchase Day Membership. Day Membership entitles participant to Public Liability cover under the HRCAV policy for the day of the event from arrival to departure. Volunteer workers are covered under the standard HRCAV policy and are exempt from purchasing Day Membership.