

VICTORIAN CRABBET ARABIAN HORSE GROUP INC
INSURANCE FORM

1. I have personal accident liability insurance
2. I have been offered insurance cover for the day and I agree to pay \$10.00. (please put it on the entry form)
3. I have been offered insurance cover for the day but I choose to ride un insured and will complete the waiver below

Signature _____ Date _____

NON MEMBER APPLICATION RELEASE OF WAIVER OF LIABILITY

Full Name of Participant (and guardian if under 18yrs): _____

Address: _____

Phone Number: _____ Date of Birth: _____

Horse name _____ Event _____

Address of event _____ Date of event _____

Name of club holding an event _____

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

- Horse sports are a dangerous 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.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities 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 any horse sports activities.
- 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 activities and my immediate removal from my horse **NO MATTER** where that may occur.
- I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations.
- I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of competitor / guardian: _____ Date ____ / ____ / ____