

Fantasy Saddle Club Riders Registration



100 Imagination Highway,
Daydream Hill, Horseville.



www.StudyHorses.com

teacher@StudyHorses.com

(Please fill in both pages)

Riders Name		Date of Birth	Approx Weight
Rider's First Name	Rider's Surname		

Address:

.....Postcode:.....

Would you like to receive our newsletter **Yes/No** Email:.....

Phone Number:	Emergency Contact Name:	Emergency contact Phone No:
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Horse Riding Experience (please describe) and/or circle 5-10 hours, 10-50 hours, 50-200 hours, 200 + hours	
Does the rider speak English? YES/NO/SOME (Circle)	If some – state level:
Does the rider have physical and/or mental health conditions and/or disabilities that may affect his/her safety and ability to ride a horse?	YES/NO (Circle one)
If 'yes' describe here:	

Please take a minute to complete this questionnaire, it will help us serve you better

<p>How did you find out about Fantasy Saddle Club?</p> <p><input type="checkbox"/> Sign - where</p> <p><input type="checkbox"/> Yellow Pages</p> <p><input type="checkbox"/> Brochure - where</p> <p><input type="checkbox"/> Equestrian Federation</p> <p><input type="checkbox"/> Advertisement - where.....</p> <p><input type="checkbox"/> Internet - which link/search</p> <p><input type="checkbox"/> Recommendation - where/who</p> <p><input type="checkbox"/> Australian Horse Riding Centres</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/></p>	<p>What would you like to achieve at Fantasy Saddle Club?</p> <p><input type="checkbox"/> Get fit</p> <p><input type="checkbox"/> Meet people</p> <p><input type="checkbox"/> Improve skills</p> <p><input type="checkbox"/> Learn the basics</p> <p><input type="checkbox"/> Ride for pleasure</p> <p><input type="checkbox"/> Educational Training</p> <p><input type="checkbox"/> Get ready for my own horse</p> <p><input type="checkbox"/> Become a more competitive rider</p> <p><input type="checkbox"/> Dressage/Showjumping/X-country</p> <p><input type="checkbox"/> Other</p>
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I fall into the categories listed below

- | | | | | | |
|--|--|--|--|---|---|
| <input type="checkbox"/> Boy (0-17yrs) | <input type="checkbox"/> Girl (0-17yrs) | <input type="checkbox"/> Male (18-20yrs) | <input type="checkbox"/> Female (18-20yrs) | <input type="checkbox"/> Male(21-54yrs) | <input type="checkbox"/> Female(21-54y) |
| <input type="checkbox"/> OlderMale55+ | <input type="checkbox"/> OlderFemale55+ | <input type="checkbox"/> Disabled | <input type="checkbox"/> Non-English SB | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Islander | <input type="checkbox"/> AustSouthSeas | <input type="checkbox"/> General Commu | <input type="checkbox"/> AHRC Member | <input type="checkbox"/> EFA Member |

1. Photographic/Video/Audio/communication Release Consent

I authorise Fantasy Saddle Club to take and use any photographs, video or sound recordings of me/my horse and any other reproductions or adaptations of my/my horse's likeness ("the material") either in full or in part, in conjunction with any wording or drawings, in any Fantasy Saddle Club publication, production or presentation.

I acknowledge that I have no rights in the material nor in any Fantasy Saddle Club publication, production or presentation which includes the material.

2. Media Access Release Consent

I authorise Fantasy Saddle Club, in consultation with me, to grant media access via a media representative to me, and I acknowledge that:

Fantasy Saddle Club

Rider Registration

Fantasy Saddle Club has the right to refuse media access where it would, in the opinion of the management, prejudice my well-being, or the well-being of my horse, or interfere with the operation of Fantasy Saddle Club; Access to Fantasy Saddle Club members and use of Fantasy Saddle Club facilities will be entirely at the discretion of Fantasy Saddle Club; and Media access will be managed, where possible, by representatives of Fantasy Saddle Club.

3. Fantasy Saddle Club Membership

I, the undersigned apply for membership of the Fantasy Saddle Club and agree, if my application is accepted, to be bound by the club rules. I also understand that although the Fantasy Saddle Club is affiliated with Equestrian Queensland, the club insurance is only for lessons taught at the Fantasy Saddle Club grounds and under the supervision of the Club's qualified instructors.

4. Horse Riding & Activities Agreement and Indemnity Form for Fantasy Saddle Club

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that activities involving horses can be hazardous. I acknowledge that Fantasy Saddle Club and it's servants accepts no responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of participating in any activity whether such injury is a consequence of any act or omission by Fantasy Saddle Club or its servants, agents, representatives or volunteers, except in regard to any rights I may have arising under the Trade Practices Act 1974. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment that Fantasy Saddle Club thinks desirable during or after participating. I acknowledge that the safety precautions undertaken by Fantasy Saddle Club are a service to me and other participants, but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up or to bite.

5. Rider's Duties

I agree that I will not ride if I am under the influence of alcohol and/or drugs. While the instructors may also inspect the riding equipment from time to time, I agree that I will be ultimately responsible for checking my equipment, including the saddle, and if there are any problems, or the saddle becomes loose, I will tell my instructor immediately. I agree to follow my instructor's directions at all times. I agree that as a condition of riding I must wear a helmet, suitable footwear and other protective clothing. I agree that I will be responsible for any injuries to the horses, damages to the premises, property owned by others, injuries to any riders or pedestrians that I may cause by negligent, reckless or irresponsible conduct. All minors must have a parent or guardian sign this acknowledgment and indemnity for them. If additional space is needed, please make copies of this form. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

6. Privacy Statement - Privacy Act 1998

By completing this form you are supplying Fantasy Saddle Club with personal information about yourself. This information is needed to ensure your safety during your time with us. Fantasy Saddle Club is required to collect this information by our insurance company and by the Department of Workplace Health and Safety. We also use this information for educational activities within Fantasy Saddle Club. The information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS APPLY TO ME EVERY TIME I PARTICIPATE IN FANTASY SADDLE CLUB ACTIVITIES.

Name of Rider (Please Print) Signature of Rider Today's Date
.....

Name of Parent/Guardian (if rider under 18 years) (Please Print) Signature of Parent/Guardian Today's Date
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Office Use Only	<i>Checked</i>	<i>Instructor</i>	<i>Recorded</i>
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