

Liability Declaration For Day Members

The Arabian Horse Society of Australia Ltd

EVERY DAY MEMBER WHO WILL BE A HANDLER, RIDER, DRIVER, GROOM & ANYONE HANDLING A HORSE OR PONY MUST COMPLETE THIS DECLARATION.

Please tick one of the below boxes which applies to you:

- ☐ I am a current member of an equine association, and / or I hold a current insurance policy, which provides me with 24/7 Public Liability insurance to the minimum limit of \$10,000,000 per occurrence. My membership / Policy number is _____ and I have attached a photocopy of my Membership Card / Insurance Policy / Certificate of Currency as proof of this insurance.
- ☐ I am not a member of any of the above and do not have a current Public Liability policy with a minimum of \$10,000,000 cover so will complete the Application for Day Members and tender the appropriate fee of **\$11.00** per day (including GST) to cover the cost of participation with this affiliate group for each day of this event. I am also aware that this is not Personal Liability Insurance so cover does not extend to cover travel to and from this show.

In consideration of your accepting my participation, I hereby undertake to indemnify the organising body against all claims, losses, suits and damages made against or suffered by the organising body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he / she is attending, riding, driving or otherwise handling any horse so entered or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be negligent shall be deemed to have been negligent for the purpose of any claim under this indemnity.

Further, I agree to abide by the Rules and Conditions and current Rule Book as laid down by the Arabian Horse Society of Australia Ltd and / or contained in any official show schedule and I also agree to abide by all of the showground rules regarding use of their centre and its facilities.

Print Name: _____

Date: _____

Signed: _____

Contact Phone Number: _____

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.

Signature of Parent / Guardian: _____

Date: _____

Gow-Gates Insurance Brokers Pty Ltd

Level 8, 491 Kent Street, Sydney, NSW, 2000

P: (02) 8267 9999 F: (02) 8267 9998 E: equestrian@gowgates.com.au

ABN 12 000 837 785 | AFSL 245432

EQU074_Arabians Liability Dec_FOR_080221

