

PARENTAL CONSENT AND INDEMNITY FOR MEMBERS UNDER 18 YRS OF AGE



NAME OF PARTICIPANT

Address:

	
NAME OF FACILITY	
DATES OF PARTICIPATION: FROM: _	TO:
	ur of the Welsh Pony & Cob Society of Aust. Inc. (SUPPLIER) and its , agents, contractors and volunteers (Personnel).
I, the undersigned, am aged over 1 participant (Participant).	years of age and am a parent or legal guardian of the above named
I consent to the Participant attending described above, including participate connection with it (Activities).	ting in the events and activities offered by the Supplier or otherwise in
I acknowledge and agree:	
the Activities; that the natu	e read and understood the Centre's rules and any other rules applying re of the Activities may include: horse riding, jumping and other relativities during these and other Activities, including the risk of Personal in Supplier and its Personnel would be unable to feasibly operate the Certs and
I indemnify SUPPLIER and each of liabilities (including legal costs on a Personnel in connection with: any (including negligence) or otherwise	ne Centre and participates in all Activities at my own risk. Its Personnel against any and all losses, costs, damages, expenses ar full indemnity basis) sustained or incurred by SUPPLIER or any of its claim, action, demand or proceedings (whether based in contract, tort by any person in relation to an Personal injury occasioned by the Centre, or in the course of, or as a result of, any Activities;
any failure of the Participant its Personnel; or	to follow any rules of the Centre or any directions given by SUPPLIER
any act or omission of the Po contributes to Personal Injury	rticipant at the Centre or in the course of any Activities which causes of any person.
aggravation, acceleration or recurred disease; the coming into existence,	sonal Injury includes; death; physical or mental injury (including the nce of such an injury); the contraction, aggravation or acceleration of a the aggravation, acceleration or recurrence of any other condition, orm of behaviour, course of conduct or state of affairs;
·	disadvantageous to the person who suffers it or the community, or advantage to the person who suffers it or the community.
medical treatment or care, SUPPLI	cipant being involved in an accident, becoming ill, or otherwise requiring ER or its Personnel may, in their absolute discretion, obtain medical t I must pay all expenses incurred in obtaining such medical treatment
Signed, sealed and delivered as a quardian of Participant who is unde	· · · · · · · · · · · · · · · · · · ·
Signature:	Date:
Name (print):	Telephone: