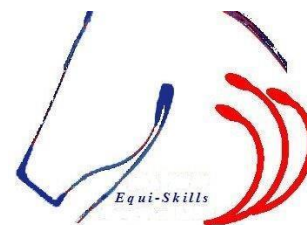




# ENSW Equi-Skills Programme Enrolment Form



**Return this form with payment to:**  
**PO Box 7077 WETHERILL PARK BC NSW 2164**  
**Or fax to: 02 9620 2260 or email Sue Birch – [sue@ensw.org.au](mailto:sue@ensw.org.au)**

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<b>Rider details:</b>	Name:	_____		
	Address:	_____		
	Suburb:	Post Code:	_____	
	Tel:	Mobile:	_____	
	E-Mail:	_____		
	Emergency Contact Name:	_____		
	Relationship to Rider:	Phone:	_____	

***For School Students only:***

School Name:	Date of Birth:	_____	
School Coordinator:	Email (or phone):	_____	
School mailing address:	_____		

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<b>Enrolment details:</b> (tick one)	<input type="checkbox"/> <b>School student enrolment</b>	<b>\$79.00</b> (incl. GST)	<b>Includes:</b> <ul style="list-style-type: none"><li>○ Saddlecloth badge</li><li>○ EA Intro Riding Workbook</li><li>○ EA Intro Horse Management workbook</li><li>○ Access to Equi-Skills group training with EA NCAS-accredited coaches</li></ul>
	<input type="checkbox"/> <b>Adult enrolment</b>	<b>\$130.00</b> (incl. GST)	

Junior Membership or Participant Membership of the ENSW Branch is available by visiting their website or phoning the ENSW office

[www.ensw.equestrian.org.au](http://www.ensw.equestrian.org.au)  
02 9620 2660

**ENSW Member Benefits include:**  
EA Personal Accident Insurance, Access to all EA Official Events and, for school students, entry to Interschools State Championships if performance eligible.

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Please ensure the Date of Birth is filled in for school student enrolments.

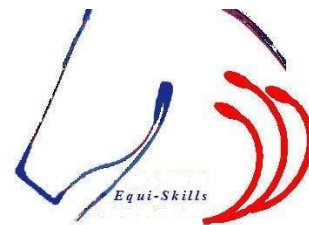
Applicants must sign the Waiver on the following page.

Please fill in and return payment page with application.

Unsigned applications will be returned to the sender for completion.



# Release and Waiver of Liability:



## Horse Sports are a Dangerous Activity

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

Horse sports are a dangerous recreational 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 and in particular this event.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Equestrian Australia and/or the event organiser (hereafter referred to as the "Releasees") or others and **I voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity 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 this event.

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 event and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding during the event and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times whilst riding and take sole responsibility for my actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless and agree not to sue Equestrian Australia and/or the event organiser, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

### Effect of this Document

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated: \_\_\_/\_\_\_/\_\_\_ Signature of rider/guardian \_\_\_\_\_

### 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

Dated: \_\_\_/\_\_\_/\_\_\_ .....Signature of parent/guardian \_\_\_\_\_

**Return this form with payment to: PO Box 7077 WETHERILL PARK BC NSW 2164**

For information on EA Riding, Horse Management and Coach training visit [www.nsw.equestrian.org.au](http://www.nsw.equestrian.org.au)

# ENSW PAYMENTS

**FAX NO.: 02 9620 2260**

**PAYMENT DETAILS –**

Please accept my cheque / money order made out to ENSW Inc. for \$ .....

or

Charge my  Visa  Master  Bankcard for \$ .....

**Note: minimum payment  
\$20.00**

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Paying for .....

Please provide details of transaction – membership name / horse registration / Equi-Skills / performance cards etc  
For example:2006/2007 Membership for John Citizen and validation of dressage card for horse BJ COOL

Full Name on Card: ..... Cardholders Signature: .....

Address of cardholder: .....

(if different from member)

**\*\*\*\*Please read important information below\*\*\*\***

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**ENSW accepts NO responsibility for items lost in the post, if you wish items to be sent registered post please include an extra \$8.00.**

**Please do not ask for items to be replaced without the appropriate fees.**

**OFFICE USE CR #.....**