



# GOOROMON PARK HORSE RIDING CENTRE

SAFE, FUN, QUALITY RIDING INSTRUCTION PH 62302230 or 0418 623020

To be fully completed by the client and returned to the reception desk before riding commences.

## REGISTRATION & CLIENT DISCLAIMER

### SCHOOL HOLIDAY - ONE DAY & FOUR DAY RIDING PROGRAMS

COST: - 1 Day Program \$120 4 DAY Program \$350

**PERSONAL DETAILS:** (rider's details)

Title Mr Mrs Miss Ms Dr Other Date of Birth ...../...../..... Age ..... Sex F M

Surname..... Given Names .....

Residential Address .....Postcode \_\_\_\_

Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_ Relationship.....

EMAIL ADDRESS: (H)..... Occupation .....

**EMERGENCY CONTACT:**

Name .....Address .....Postcode \_\_\_\_

Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_ Relationship.....

**PROGRAM DATES:** Please mark: One Day program week beginning and tick day. 4 Day program Week beginning

Dates Week beginning	1 Day Beginners 9am - 4pm (please circle)	1 Day Others 9am - 4pm	4 Day Beginner 1 9am - 4pm	4 Day Int 1/2 9am - 4pm
28 <sup>th</sup> September	28 <sup>th</sup> 29 <sup>th</sup> 1 <sup>st</sup>			
6 October	6 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>			

**DISCLAIMER & ACKNOWLEDGEMENT**

**MEDICAL/DISABILITY/BEHAVIOURAL CONDITIONS:** Are there any medical/disability/behavioural conditions. Please disclose all medical and behavioural conditions, as it is of the utmost importance that our staff totally understand those in their care. NO YES

If YES please explain .....

Parent/Guardian of the above named attending Gooromon Park Horse Riding Centre acknowledge that I understand that while all precautions are taken to ensure the safety of those attending the Centre and while every care will be exercised, the proprietors and their employees and agents are not liable in any way for any accident or damage which may occur or happen from any cause whatever and the above named person whether participating in any of the activities of Gooromon Park or not, will do so only at my/his/her **OWN RISK**. On this basis the Signatee/Parent/Guardian/ by signing this form, agrees to indemnify the proprietors and their employees and agents against any claim or demand whatsoever made for or on behalf of the above named person or in respect of any horse or property owned or used by the above named person.

I confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware that **HORSE RIDING IS A DANGEROUS ACTIVITY** and consent to my/him/her participating in all activities at Gooromon Park, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen.

**Parent/guardian consent is required for under 18 year old participants**

**\*FOUR DAY PROGRAM: Deposit of \$100 is required at the time of booking, remainder one week before commencing.**

**\* ONE DAY PROGRAM: Full payment at the time of booking**

**CANCELLATION/REFUND POLICY:** Booking Fee: - NON REFUNDABLE. **No Refunds:** - are given if a child is unable to attend due to ill health or declines to attend all or part of the holiday program. Cancellations must be made one month prior to date of commencement to receive a refund. **Please read the above before booking or paying for the School Holiday Program**

Signature: ..... Name (print) ..... Witness .....Name (print) .....

**CREDIT CARD PAYMENTS:** Please charge my: Visa Mastercard for \$ \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_ Security Number \_\_\_\_\_

Deposit: Four Day School Holiday Program on: \_\_\_\_\_ Payment: One Day School Holiday Program on: \_\_\_\_\_

Full Name on Card \_\_\_\_\_ Signature \_\_\_\_\_