



GOOROMON PARK HORSE RIDING CENTRE

SAFE, FUN, QUALITY RIDING INSTRUCTION PH 62302230

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

REGISTRATION & CLIENT DISCLAIMER

RIDERS DETAILS:

In the interest of your child, please fill in all section of this form.

Date of Birth:/...../20.....

Age:

Childs Given Names:

Childs Surname:

PARENTS EMAIL ADDRESS: _____

PARENTS : Telephone(H):

Mobile:

Work:

Residential Address:

Postcode:

2nd EMERGENCY CONTACT: Please provide Emergency contact numbers (not listed above)

FULL Name:

Relationship: Mum, Dad, Grandparent, Friend.

Telephone: (H)

Mobile:

Work:

PROGRAM DATES: Please mark the programme enrolled for:

Programs:	Week 1	Week 2	Programs:	Week 1	Week 2
One Day Absolute Beginners (No Experience Required)	Monday		Dates:		
	Tuesday		4 Day Absolute Beginner Program (No Experience Required)		
	Wednesday		4 Day GP Beginner Program (Experience Required)		
	Thursday		4 Day Versatile Rider Program (Experience Required)		
	Friday				
COST: - 1 Day Program \$150 4 Day Program \$450.					

DISCLAIMER & ACKNOWLEDGEMENT

MEDICAL/DISABILITY/BEHAVIOURAL CONDITIONS: Please disclose all medical and behavioural conditions, as it is of the utmost importance that our staff totally understands those in their care.

NO

YES

If YES please explain in detail on the back of the form:

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 Signatory/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 I 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.**

CANCELATION/REFUND POLICY: Booking Fee and One Day SHP : - 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 2 weeks prior to date of commencement. **Please read the above before booking or paying for the School Holiday Program**

Signature:

Name (print) Date:

Witness

Name (print) Date:

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 _____