



Kilcoy Cow Horse Club Committee

HORSE & HUMAN ATTENDEES HEALTH

Date: ____

FULL NAME- Person in								
attendance								
YOUR ADDRESS								
YOUR EMAIL								
YOUR MOBILE								
PROPERTY OF ORIGIN-if								
same list as above								
PIC NUMBER OF ORIGIN								
PROPERTY								
PIC NUMBER OF								
DESTINATION PROPERTY					ı			
Official Horse Name	Breed	Colour & Sex	Brand/Microchip	Strangles	He	ndra		
(Nominated Name)				Vacc		асс		
				Y/N	Υ	/N		
If stabilizer suggestable also a sta	ta la alcalica data a		1- 1 1					
If stabling overnight, please sta	ite inclusive dates:	/	. to/					
Declaration by owner or person in charge of horse/s.								
I declare that the horse/s named above has/have been in good health, eating normally and not showing signs of illness during the last 3 days leading up to attendance to this event today. I give my authorisation for the designed steward to call for veterinary inspection of the horse/s named above, and in my care, should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this.								
I AGREE TO ENSURE THAT:								
 If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid materials and washed with shampoo. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event. The information contained in this Horse Health is true and correct to the best of my knowledge. I agree to abide by all conditions and directions of the KCHC I acknowledge that failure to comply with the above may result in refusal of entry to the venue; disqualification of other disciplinary action as decided by KCHC. 								
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering.								
Signature:	Name:			Date:				
FULL NAME:				Тү	ΈS	NO		
	to a person with Cov	vid 19 virus in the precedi	ng 14 days?	'				
Do you have a temperature? (Normal range 36.1°C to 37.°C)								
Have you travelled to or come from NSW or VIC in the last 14 days?								
Have you returned from or been in contact with anyone returning from overseas within the last 14 days?								
Have you any Fly like symptoms?								
Have you been self-isolating or quarantined in the past 14 days?								
Have you downloaded the COVID safe app.								
	• • • • • • • • • • • • • • • • • • • •			I				

Signature: _____ Name: _____

PLEASE COMPLETE ALL SECTIONS

Participant details (or parent/guardian details if rider is under 18 years):

If signing on behalf of a minor, I certify that I am the legal	l guardian, and am duly authorized	I to sign on their behalf.
Participant Name:	DOB:	Parent/Guardian Name
Participant Name:(if participant is under 18 years):	DOB:	
Phone No (home): Phone Contact No. Mobile):	e No (Mobile):	Emergency Contact:
Contact No. Mobile):		
or death to the Participant and other people in the care and coacknowledgment of the terms and conditions of this agreement losses relating to personal injury or death. Under the provision into contracts that mean that the Provider of Recreational Servyou are: rendered with due care and skill, are fit for the purpocircumstances or might reasonably be expected to achieve the	nt. By signing this form you are waivins of the Trade Practices Act and Varvices, noted below, is required to ensure for which they are commonly boug	ng your rights to sue the Provider for ious State Laws conditions are implied are that the Recreational Services it sells to ght as it is reasonable to expect in the
Name of provider: Linda Hingst, Dillon Hingst and Kilcoy C	Cow Horse Club	
Address of provider: 1550 Neurum Rd, Mount Archer Qld 4	4 514	
The Participant acknowledges that the activity being undertak leisure which involves a significant degree of physical risk. To detailed below which means; providing facilities for participal activity, or supervising, adjudicating, guiding or otherwise assacknowledges that in attending the recreational activity that the control. This agreement is directed and limited to inherent risk recreational activity is for the benefit of the Participant and for the Participant is responsible for his or her own actions and the	The Provider acknowledges that they a tion in a recreational activity, or train sisting a person's participation in a re here are inherent risks involved to hin ks that are patent. The participants also or the benefit of those people attending	re providing Recreational Services ing a person to participate in a recreational creational activity. The Participant hereby n or her or other people in their care and so acknowledges that the purpose of the g with the Participant and that at all times
Description of recreational services: Campdrafting		
Steps taken to avoid the danger of personal injury or deat Weekly equipment inspections, qualified staff, trained staff, s industry code of practice, emergency procedures in place; con	taff participant ratio compliant with t	
Declaration and signature		
By signing this agreement I understand that the Recreational S dependants personal injury or death. By signing this agreement for losses relating to my and or my dependants personal injury	nt I understand that I and my dependa	ents waive our rights to sue the Provider

Participant Name: _____ Date: _____ Signature of participant (orlegalguardian): _____ Date: _____