



Clinic Booking Form – Gatton

All enquiries to Fee Coulson on 0401 018 301

Clinic Location: Gatton Indoor Arena

Dates: _____ to _____

Name: _____

Address: _____

Phone number: () _____ Mobile: _____

(Please fill in a separate form for each person attending the clinic)

Clinic Fee (5 day, including all meals) _____ **\$990** incl. GST

Stabling (@ \$22/night)

_____ horses x _____ number of nights x \$22 _____ \$ _____

Camping (@ \$20/night)

_____ number of nights x \$20 _____ \$ _____

Fence sitter (including all meals) (5 days = \$330 incl. GST or \$60 / day) \$ _____

Fence Sitters please note that if you bring a horse, you may only ride in the arena outside of clinic session times and not whilst participants in the clinic are riding. Fence sitters must also complete a waiver, even if they are not riding.

TOTAL \$ _____

I have included my deposit of \$_____ plus my stabling and camping costs, to participate in the _____ Clinic commencing _____. I am aware that the deposit is non-refundable but is transferable. I am also willing to complete all relevant indemnity forms relating to the running of this clinic.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (For those under 18)



A \$300 **NON REFUNDABLE** deposit paid in advance, plus the fees for stabling and camping will be required to confirm your place in the clinic. Three weeks notice must be given if you are unable to attend the clinic and it is up to the rider to find a replacement. All clinic costs must be paid in full two weeks prior to clinic.

Make cheques and money orders payable to: **Carol and Warren Backhouse**

Mail forms, payments and all correspondence to:

Fee Coulson
533 Claus Road
Glamorganvale 4306

Or make online payments to:

Account Name: Warren and Carol Backhouse
BSB: 484-799
Account: 200171964

(If you are paying through a direct internet deposit, please print and forward a copy of your receipt)

Any enquiries to Fee Coulson: fee.coulson@bigpond.com or 07 5426 6336 (before 7 am or night) or 0401 018 301

Warren Backhouse 5 Star Clinics

LIABILITY WAIVER FORM

EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name of the Provider: Warren Backhouse 5 Star Clinics

Address of the Provider: 101 Knobby Glen Road, Kandanga, Qld, 4570

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means;

FIVE STAR REINING



providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity. The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of recreational services: All clinics and activities of horsemanship provided by Warren Backhouse 5 Star Clinics.

Steps taken to avoid personal injury or death:

1. Providing assistance & support to participants in the safe conduct of their activities
2. Implementation of a risk management approach to clinics conducted by the Warren Backhouse 5 Star Clinics.
3. Implementation of the rules and regulations of the clinics.

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and Signature - By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may cause my and or my dependents personal injury or death. By signing this agreement I understand that I and my dependents waive our rights to sue the Provider for losses relating to my and or my dependents personal injury or death that result from any negligence caused by the Provider.

Signature of Participant: Date:.....

Print Full Name:.....

Signature of legal Guardian if participant U/18:.....

Address:.....
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