Day Participant Waiver

Pony Club Association of Queensland Inc.

30 June 2019 - 30 June 2020

Participants in events organised by PCAQ Clubs, who are not current financial members of a PCAQ Club, or who do not have any other approved insurance in place, upon completion of this form are deemed to be "Day Participants" of the event.

Protection is afforded to the Day Participant under the PCAQ Public Liability policy, only whilst participating in activities organised and/or run by the PCAQ Club at that event, where they are liable for causing bodily injury or property damage to others, excluding whilst travelling to and from such event. By completing this form, you agree to abide by the Rules & Conditions of the PCAQ and any Rules of the event.

I CAQ allu ally Nules of the event.		
Full Name of attendee and guardian (if under 18 years:)		_Date of birth:
Address:	State:	Post Code:
Horses name(s):		
Event/Activities:	Date of Event/Act	ivities:
Address of Event/Activity:		
Name of Organising Club:		
Horse Sports are a Dangerous Activity		
 I understand and acknowledge the dangers associated with the coinjury, loss or damage associated with their consumption. I agree to follow the directions of any event organiser or official artion of my participation in the event and my immediate removal frequency the official Rule Book of the Pony Club Association of Queensland indemnify PCAQ against all claims made by any person as a result of agree to wear a helmet at all times whilst riding and agree that for my actions. I, for myself and on behalf of my heirs, assigns, personal represer Association of Queensland and/or the event organiser, their officer bodies, affiliated clubs and if applicable, owners and lessors of predisability, death, or loss or damage to person or property, whether Effect of this Document - I have had sufficient opportunity to read 	act in a sudden and unpredictable way, espectrom horse sport activities and in particular this bility for any injury, death or property damage I consumption of alcohol or any mind altering druind that any misconduct or refusal by me to follow my horse no matter where that may occur. I. I understand that any such non-compliance at of my failure to comply. I am solely responsible for ensuring that I weath the activities and next of kin, hereby release and hours, officials, volunteers, coaches, agents and/or remises used to conduct the activities (all of work of the release of the release of this release of liability and assumption of risk without inducement of any kind. I understand the	ially if frightened or hurt. s event and freely assume all such risks, even if arising from the may suffer that arises from my participation in horse sport activities. In section of any organiser or official can result in the cancellativither agree to abide by the Rules and Conditions of this show and may result in injury, death and/or permanent disability and I agree to are a suitable helmet at all times while riding and take sole responsibility and harmless and agree not to sue the proprietors of the Pony Club or employees, other participants, sponsoring agencies, sponsors, state whom are referred to as "Releasees") with respect to any and all injury, otherwise. k agreement, fully understand its terms, understand that I have given up hat my signature to this document constitutes a complete and uncondi-
Dated: Signature of Participant:		
For Participants of Minority Age (Under Age 18) - This is to certify that I, above and consent and agree to his/her release as provided above of all the Releasees from any and all liabilities arising from my minor child's i the Releasees.	the Releasees, and, for myself, my heirs, assi	gns, and next of kin, I release and agree to indemnify and hold harmless

Gow-Gates Insurance Brokers Pty Ltd Level 8, 491 Kent Street, Sydney, NSW, 2000

P:(02) 8267 9999 F: (02) 8267 9998 E: equestrian@gowgates.com.au

Signature of Parent/Guardian:_

ABN 12 000 837 785 | AFSL 245432



