



JOHN CHATTERTON AFFILIATIVE HORSEMANSHIP BOLINDA CLINIC: 10th, 11th & 12th October 2009

- Bonding rather than domination -

APPLICATION FORM

About You

Name: _____

Address: _____

Phone: _____

Email: _____

Any dietary requirements: _____

About Your Horse

Name: _____

Mare

Gelding (no stallions)

Breed: _____

Height: _____

Age: _____

Are there any special issues you would like help with? _____

Payment

Item	Cost	Tally
2 days @ \$300 (must be paid in full by 25 th September) <i>Includes horse & rider participation in clinic, arena hire, all food and drinks</i>		
Optional 1-hour private lesson on Monday 12 th October – \$70 (must be paid in full by 25 th September) <i>Includes private lesson with John, arena hire, hot & cold drinks</i>		
Fencesitter – \$70 per day (1 parent can attend free with a child under 18yrs with horse in clinic) <i>Includes fencesitter ticket, all food & drinks</i>		
Outdoor ¼ acre yard @ \$15 per night (must be paid by 25 th September). Limited spaces! <i>Compulsory: Add \$20 cleaning bond, refundable upon departure</i>		
Indoor Stables @ 20 per horse per night <i>Compulsory: Add \$20 cleaning bond, refundable upon departure</i>		
TOTAL:		

Payment in full for rider tickets must be received by 25th September 2009. Please make cheques payable to 'Kerrie Coffey' or deposit by EFT to PF & KJ Coffey, account no. 535037627, BSB 083310 (leave your surname as a reference). Sorry, no credit cards. Sorry, no refunds after 30th September 2009.

If I have not already done so, I am aware that I will be required to sign a Liability Release form for both John Chatterton and Jacks Run prior to riding. I acknowledge that I am required to wear an Australian Standard approved safety helmet.

Signature: _____

Date: _____

*For all enquiries, please contact Kerrie Coffey on 0419 334 304 or email [Coffey Kerrie J@cat.com](mailto:Coffey_Kerrie_J@cat.com)
Please mail your paperwork to Kerrie Coffey at 11 Briarwood Court, Sunbury 3429*



JOHN CHATTERTON AFFILIATIVE HORSEMANSHIP BOLINDA CLINIC: 10th, 11th & 12th October 2009

- Bonding rather than domination -

INFORMATION SHEET

The venue: Jack's Run

Jack's Run is located at 39 McIntyre Lane, Bolinda (45 minutes from Melbourne). It is fully equipped with indoor and outdoor arenas, enclosed round yard, day yards, indoor stables and hot & cold horse washes.

See www.jacksrun.com.au for more details.

From Melbourne, take the Tullamarine Freeway towards the airport
Once you pass Melbourne Airport, Tullamarine Freeway becomes Sunbury Road (C743)
Follow Sunbury Road for 15 minutes, then turn right onto Romsey-Lancefield Road (C325)
Follow C325 for 19km, then turn right towards Darraweit Guim
Take the first right into McIntyre Lane, Jack's Run is the second property on your left

Timetable

We start at **8.45am** each day, please be ready to start on time.

Accommodation

HORSE

- Outdoor yards are available for your horse at Jack's Run. First in, best dressed! Please contact Kerrie on 0419 334 304 for bookings.
- A \$20 cleaning bond applies to all yards & stables, refundable upon departure.
- Please note all horse water troughs operate on bore water or you are welcome to BYO water.

HUMAN

- **Lancefield Guest House:** Rooms start from \$55. Call 54 291 613. Lancefield is 15 mins from Jack's Run.
- **Crystal Waters Bed & Breakfast:** Pet friendly, rooms start from \$150. Call 54 295 949.
- **Other:** Try www.macedonranges.org.au for other local B&B's.

How to confirm your place

The following paperwork and payment in full must be received by 25th September 2009 to secure your place:

- Completed & signed application form
- \$50.00 deposit paid (riders only)
- \$20.00 deposit paid (fencesitters only)
- Full payment (cheque or EFT only – sorry, no credit cards)
- Completed & signed disclaimer for John Chatterton (riders only)
- Completed & signed disclaimer for Jack's Run (riders only)

Special requests

Filming & photography - No video cameras please. You're welcome to take photos but please note, you are not authorised to publish or display any photos taken of John Chatterton without his permission.

Stallions & dogs - No stallions or dogs please. Jack's Run has a strict 'no dogs' policy.

*For all enquiries, please contact Kerrie Coffey on 0419 334 304 or email Coffey_Kerrie_J@cat.com
Please mail your paperwork to Kerrie Coffey at 11 Briarwood Court, Sunbury 3429*

**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 and address of Provider: JOHN CHATTERTON
45-59 SHEILS RD,
CHAMBERS FLAT. QLD 4133

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; 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: HORSE HANDLING, CLINICS, AND RIDING LESSONS

Steps taken by JOHN CHATTERTON to avoid the danger of personal injury or death:

Regular equipment inspections, only trained staff used, staff participant ratio compliant with the Industry Standard, adherence to industry code of practice, emergency procedures in place; contingency plans in place for emergencies; qualified first aid personnel available, communication procedures in place.

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 dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.

Signature of Participant (or parent/guardian if under 18)

Address

State _____ PostCode _____

Printed name of rider

Date

Confidential Handling and Riding Application and Medical History Form

NAME (Participant).....AGE: (if under 18); Over 18 (check box)

CONTACT PHONE NUMBERS (Participant):

I am applying to participate with John Chatterton and I agree to the following:

- I will only handle/ride the horse in a safe and controlled manner.
- I will wear an Australian Standard Approved helmet and the correct footwear at all times.
- I will read and follow all relevant signs (on the property) and follow all instructions.

APPROVED HELMETS ARE COMPULSORY

Riding experience (1) The number of times the rider has ridden in the last 12 months.
 (2) Indicate below the number of times the rider has ridden in total.

0-10	10-20	20-50	50-100	100+
Little experience	Some experience	Average experience	Experienced	Very experienced

The following information is intended to assist JOHN CHATTERTON in case of any emergency with you/your child. Learning difficulties need to be discussed, so that the instructor is able to accommodate accordingly.

Please describe any Learning Concerns if any.....

Name and telephone numbers of contact people.

Emergency Contact Name	Relationship to rider	Home	Work	Mobile
*To be completed if rider is under 18				
	* Mother (full name)			
	* Father (full name)			
	*			

Please circle if you (or your child) suffer from any of the following:

Any pre-existing medical or other condition that may affect or risk other persons or myself.
 (Please circle) Asthma, Diabetes, Epilepsy / Fits, Fainting / Dizziness, Blackouts / Migraines, Disability,
 Heart / Blood Condition, Allergic Reactions, Pregnancy, Uneven Pupils, Recent Injuries, Medications,

Other.....

Allergies

Describe:.....

Describe reaction.....

Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunisation.

Medication

Is it necessary for you or your child to carry their own medication at all times.

Name of drug:..... Dosage..... Frequency.....

Consent To Medical Attention

I authorize the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of my child. I agree to bear any cost thereby incurred.

Signature of Rider/Parent/Guardian:..... Date:.....

Name of Rider..... Name of Parent/Guardian (if applicable).....

Privacy Statement – Privacy Act 1998

By completing this form you are supplying JOHN CHATTERTON with personal information about yourself. This information is needed to ensure your safety during your time with us. JOHN CHATTERTON is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above

Jack's Run Pty Ltd
Agistment and Indoor Equestrian Centre
ABN: 18 128 727 999

Release and Waiver Form for Horse Riding & Activities (Acknowledgment of Risk)

WARNING: Under the provision of the *Fair Trading Act 1999 (Vic)*, the supplier named on this form, being Jack's Run Pty Ltd, is required to ensure that the recreational services it supplies to you are:

- rendered with due care and skill, and
- as fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances, and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the supplier.

Under section 32N of the *Fair Trading Act 1999 (Vic)*, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the *Fair Trading Act 1999*(Vic)* if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to "gross negligence" on the supplier's part (*Fair Trading Act (Recreational Services) Regulations 2004 (Vic)*).

ACKNOWLEDGMENTS:

As a condition to my accepting to participate I hereby acknowledge that **I participate at my own risk** and that I am aware that activities involving horses can be hazardous. I understand and acknowledge that serious **injury** or **death** may result from horse related activities.

I acknowledge that the safety precautions undertaken are a service to me and other participants but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up, buck or to bite. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, including ambulance transportation that may be deemed necessary during or after participating.

Knowing the risk I agree to release, indemnify, forever discharge and hold harmless Jack's Run Pty Ltd and any associated person, including any subsidiaries, employees, agents and volunteers from and against any and all existing and future claims, actions, costs, demands and/or liability (including solicitor fees and legal costs) for loss (including consequential loss), harm, damages, cost or expense, including without limitation costs, injuries, accidents, losses and damages related to personal injuries, death, damage to and destruction of property and all claims of third parties without limitation.

I agree that I will not ride if I am under the influence of alcohol and/or drugs.

I agree that I will ultimately be responsible for the safe condition of my equipment. I agree that as a condition of riding I must wear an Australian Standards Approved helmet and suitable footwear.

When under tuition I agree to follow the directions of the coach and that any misconduct or refusal of me to follow any direction of the coach will result in the cancellation of my lesson and my immediate removal from my horse no matter where that may occur.

I agree that I will be responsible for any damages to the premises, property owned by others, injuries to any riders or pedestrians, which I may cause by negligent, recklessness or irresponsible conduct.

Continued overleaf

The rider further acknowledges that they must continually indemnify Jack's Run Pty Ltd and any associated person, including any subsidiaries, employees, agents and volunteers against any claim or proceeding that is made, threatened, or commenced and any liability, loss including consequential loss, damage or expense including legal costs on a full indemnity basis that incurs or suffers as a direct or indirect result of this rider agreement.

All minors must have a parent or guardian sign this acknowledgment and indemnity for them. By signing my name on this form, either in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS AND CONDITIONS APPLY EVERY TIME I PARTICIPATE.

Print Name of rider:	Signature of rider:
-----------------------------	----------------------------

Print Name of Parent/Guardian:	Signature of Parent/Guardian:
_____	_____

Address: _____

Phone Number: Hm _____ Mob _____

Emergency Contact Phone (name & number): _____

Today's Date: _____ Date of Birth (if under 18): _____

Known allergies/medical conditions or physical disabilities (if none state "none"): _____

Previous riding experience: _____
