

# Thousandmiler Trail Ride

## Nomination and Indemnity Form

### September 22/9/2012 to 10/11/2011

First Name:.....Family Name:.....

Nick Name if preferred:.....D.O.B.....

Street Address:.....

Suburb or Town:..... State:.....

Phone:..... Mobile phone:.....

Email Address:.....

Horses Name:..... Breed.....Sex

Age:..... Height:.....

Usual Discipline. eg. Show ring, Stock work, Cutting, Roping, Trail Riding:.....

On my completion of the nomination form and the payment of the prescribed fee, I acknowledge that I am fully aware and accept that the Committee of the Outback Trail Horse Riders Association Inc. directly or indirectly singularly or collectively are not responsible for any loss or damage or death sustained by either participant or animal during the period of this ride or social events and that I or any relative or person I may be responsible for understands that he or she participates entirely at their own risk. *“The Committee of the Outback Trail Horse Riders Association Inc are not liable in contract or in tort arising out of, or in connection with, or relating to any error (whether negligent or in breach of contract or not) in respect to the Thousandmiler Trail Ride.”*

*“Force Majeure” “If by reason of any fact, circumstance, matter or thing beyond the reasonable control of the Committee of the Outback Trail Horse Riders Association Inc are unable to perform in whole or in part any obligation under this agreement to the extent and for the period that they are so unable to perform they are not to be liable to the other party to this agreement in respect to such inability.”*

Signature:..... Date:.....

If Junior Member application for person under 18 YO Parent or Guardian must also sign below.

I here by accept responsibility for and allow .....to participate in the ride and associated events and have accepted the conditions of the indemnity clause.

Print Name..... Signature.....

**If you intend to complete the total ride please tick this box**

Booking Fee - Full Member  Junior Member

\$1500.00

Balance of the ride fees will be due and payable by 1/9/2012

**If you intend to only complete part of ride. Please tick this box**

Note dates you would prefer:-From.....To.....

Booking Fee \$300.00 per week that the nominee is signing up for. \$.....

Please note that dates cannot be guaranteed and will be allocated on a first come first served basis. Please return nominations as soon as possible. If your nominated dates are unavailable the Secretary will contact you with available dates.

If you want to participate as a non rider camp Rousie or driver Please tick this box

Non Rider camp rousies will have to join as an Associate member for Insurance reasons, Please pay Joining fee and annual membership fee Total of \$90.00

For any enquiries about these positions please contact the Secretary. Confirmation of your acceptance will be conveyed to you by the Secretary

Note Booking fees are NON Refundable. Your nomination for the ride cannot be canceled once it has been accepted and the Secretary has confirmed your booking.

Please post you nomination form to:

Outback Trail Horse Riders Association Inc

C/O Richard Capper 39 Market St., Walla Walla NSW 2659

Cheques made payable to Outback Trail Horse Riders Association Inc

Direct Deposit:-- BSB 640 000 Account Number 59348659 Use Family name as Ref

Please post your form and proof of deposit to Outback Trail Horse Riders Association Inc

C/O Richard Capper 39 Market St., Walla Walla NSW 2659

I have read and understand all the details that comprise this nomination form. This includes OTHRA Constitution and Thousandmiler Trail Ride rules.

Print Name:.....Signature:.....

I have current First Aid Qualifications and I am willing to act as First Aid officer on this ride

Current qualification.....Signature:.....

# Mandatory Protective Head Wear Declaration

**This form must be completed by all riders.**

I.....

of.....

acknowledge that I have been strongly advised by the Outback Trail Horse Riders Association Inc. (“hereafter referred to OTHRA”) of NSW to wear protective head wear complying to the Australian Standard AS/NZS 3838 while mounted on a horse on organised OTHRA rides. I further acknowledge and agree that I will hold OTHRA and its officials harmless from any responsibility for any head injury sustained by me if, despite the advice of OTHRA, I make a personal decision not to wear the recommended protective head wear while mounted on a horse during an organised OTHRA ride.

This Declaration covers the period of..... to 30<sup>TH</sup> JUNE 2013

Signed.....

Date.....

Witness (signature).....

(print name).....

# Association Member Medical Profile

There is no obligation to fill in or return this form how ever if returned it will form part of OTHRA's Risk Management and may be invaluable for your medical care should it be required. The information herein will be subject to OTHRA's privacy rules as shown in the membership application.

First Name:.....Family Name:.....

Nick Name if preferred:.....D.O.B.....

Street Address:.....

Suburb or Town:..... State:.....

Phone:..... Mobile phone:.....

Email Address:.....

Emergency Contact Name.....Phone.....

Doctors Name.....Phone.....

Medicare Number.....

Private Health Insurance Company.....

Member No.....



Medic Alert No.....

## Medical History

Current Tetanus Booster. No Yes (Please Circle) Date if Yes.....

Do you suffer from any of the following:

Allergies (Please list) .....

Asthma.....Medication .....

Diabetes.....Medication.....

Epilepsy.....Medication.....

Heart Disorder.....Medication.....

Hepatitis A or B (Please Circle) Medication.....

Any other conditions not specified.....

Medication & Dosage. ....

(Please List Details)