



COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA Inc.

Reg.No. A0019631A ABN 24 748 123 650

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CASUAL DAY PARTICIPANT APPLICATION

NAME:

POSTAL ADDRESS:

..... **POSTCODE:**

TELEPHONE:

EMAIL:.....

CCHSA BRANCH:

EVENT:.....

I wish to compete in the above event being conducted by CCHSA Inc. and/or branch of the society and agree to pay the Casual Day Participant Levy. I understand that payment of this Levy entitles me to all of the benefits of being a member of the CCHSA Inc. for the day of the event. It is understood that Casual Day Participant Levy does not entitle me to any voting rights afforded to a full member of the CCHSA Inc.

I am aware that the Casual Day Participant Levy is available to me only **twice within any one financial year** after which I may be offered a full membership by completing a CCHSA Inc. membership application and paying the prescribed fee to the society, and that the annual Membership levy falls due on the 1st of July each year.

I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

In addition, I hereby agree to indemnify CCHSA Inc. and its servants, volunteers and agents for any loss, demands, expenses, claims, actions, and suits brought for and on behalf of me and arising out of or in any way connected to the outlined event.

I authorize CCHSA Inc. to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the CCHSA Inc. to obtain or administer such medical treatment and I further agree to pay the costs of such treatment. In the event of there being any known medical conditions or the need for taking of medication which would affect the rendering of any urgent medical assistance, I give consent that my details be recorded and kept in a confidential manner by the above-named group organizing this event.

I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

Enclosed please find remittance of \$20.00 per event being for Casual Day Participant Insurance.

Note: \$20.00 Fee includes GST

I, as the participant, accept the above agreement.

Signature:

Printed Name:

Date: