



# COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA Inc.

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## CCHSA JUNIOR COMPETITOR'S INDEMNITY FORM

### APPLICABLE FOR PERSONS

- UNDER 18 YEARS OF AGE AND WHO HAVE PAID THE JUNIOR COMPETITOR'S LEVY

### ATTENTION PARENTS/LEGAL GUARDIANS

In order to ensure that your child/ward can participate in the CCHSA event and appropriate care is taken for your child/ward, it is essential that you read and sign the following.

**CCHSA BRANCH:** .....

**EVENT TITLE:** .....

**NAME OF JUNIOR COMPETITOR:**.....

**MEMBERSHIP NO:**.....

**DATE OF BIRTH:**.....

**NAME OF PARENT/LEGAL GUARDIAN:** .....

**RELATIONSHIP:** .....

**POSTAL ADDRESS:**.....

..... **POSTCODE:** .....

**TELEPHONE:** .....

**EMAIL:** .....

I agree and consent to my child/ward to participate in the above detailed CCHSA event. I hereby also agree to release, discharge and to hold the CCHSA Inc. harmless for any accidents, harm and /or loss which my child/ward may suffer or that I may suffer as a result of my child/ward participating in the outlined event.

In addition, I hereby agree to indemnify the CCHSA Inc. and its servants, volunteers and agents for any loss, demands, expenses, claims, actions and suits brought for and on behalf of my child/ward 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 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 for my child/ward 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 below and kept in a confidential manner by the above-named group organising this event.

Known Allergies: .....

Medication: .....

.....

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

(Parent/Legal Guardian)