

# Pony Club Association of South Australia Inc.

## LIABILITY DECLARATION FORM 2016-2017

30 June 2016 - 30 June 2017



**EVERY DAY PARTICIPANT (NON-PCASA MEMBER) MUST COMPLETE THIS FORM**

PLEASE TICK THE APPROPRIATE BOX:

I am a current member of an equine association, and/or I hold a current insurance policy, which provides me with 24/7 Public Liability insurance to the minimum limit of \$10,000,000 per occurrence. The equine association I am a member of: \_\_\_\_\_ and my membership / policy number is: \_\_\_\_\_  
I understand that I will not be covered under the PCASA Insurance Programme should a claim be made against me.

I am not a member of any of the below and do not have a current Public Liability policy with a minimum of \$10,000,000 cover so will complete the Registered Participant Application. I am aware that this is not Personal Liability Insurance so cover does not extend to cover travel to and from this show. I am also aware that no Personal Accident cover is provided.

Please tick if you are a member of:

- Equestrian Australia (please note you must be a direct member of your state branch and not just an affiliated club).  
 Arabian Horse Society of Australia (please note you must be a financial member of the AHS and not just an affiliated club).  
 Inter-State Pony Club  
 Other (please specify): \_\_\_\_\_  
 I hold my own personal liability policy for my equestrian activities. The insurance company is: \_\_\_\_\_  
and I attach my Certificate of Currency

In consideration of your accepting my participation, I hereby undertake to indemnify the organising body against all claims, losses, suits and damages made against or suffered by the organising body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he/she is attending, riding, driving or otherwise handling any horse so entered or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be negligent shall be deemed to have been negligent for the purpose of any claim under this indemnity.

Further, I agree to abide by the Rules & Conditions and current Rule Book as laid down by the Pony Club Association of South Australia and/or contained in any official show schedule and I also agree to abide by all of the Showground rules regarding use of their centre and its facilities

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept all of the above and consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

Signed: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_



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