

Name of Participants

Darling Downs Heavy Horse Association Inc

ddheavyhorses@gmail.com 0438 160 588 www.heavyhorsefestival.com.au

This form is to be completed if you are NOT a member of Equestrian Australia.

Application for Event Membership of the Darling Downs Heavy Horse Association Inc

Upon completion of this form and the payment of the prescribed fee (\$20), participants are deemed to be Ordinary Members of the Darling Downs Heavy Horse Association Inc for the duration of the event stated below and for participation purposes only. Protection is afforded to the Participant under the Association's public liability policy during such activities where they are liable for bodily injury or property damage to others. This membership does not provide EA Personal Accident Insurance.

Name of Pa	rucipant
Date of Birt	h (if under 18):
Address:	
 Email:	
Phone:	
Event:	Darling Downs Heavy Horse Festival
Venue:	Allora Showgrounds
Date:	16 – 17 March 2024
the Darling Do sponsors, adve my death or be event, except It is a condition against any leg appear in the p	and agree as a condition of participating at this event that neither the Darling Downs Heavy Horse Association Inc, members of wns Heavy Horse Association Inc, competitors, participants, officials, volunteers, medical personnel, and persons, promoters, ertisers, owners and lessees of premises used to conduct the Darling Downs Heavy Horse Festival shall be under any liability for ordily injury, loss or damage which may be sustained or incurred by me as a result of my participation in or being present at the n regarding to any rights I may have arising under the Trade Practices Act 1974. In of entry that each exhibitor shall not hold the Association responsible and that he or she shall indemnify the Association (all proceedings arising from any such case or circumstance. The Association will not be responsible for any error which may programme or for any entry made in the wrong class. That equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can, and accept this responsibility on behalf of my horse handlers, employees and servants.
Print Name	·
Signed:	Date:
which the ab equestrian ac happen. I agr personnel, ar Heavy Horse incurred by t	being the parent/guardian of
Signed:	Date:
Jigiileu	Date.