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## Hervey Bay Active Riders Inc. Volunteer Application Form

### Member Details

	First Name	Surname	Date of Birth	Do You Hold A Current Blue Card?		
1.			/ /	Y / N	Sighted	
Medical Conditions						

### Phone/Email Contact

Mobile:	
Email:	

### Postal Address


### Emergency Contact

Next of Kin	Relationship	Phone Number

### Medical Information

Doctor	Surgery	Phone

### Waiver Confirmation

Have you completed a Waiver		Surgery	Phone
Yes	No		

### Disclaimer

By Signing the Hervey Bay Active Riders Inc. Volunteer Form including signing the Waiver, I understand and acknowledge the following:

- 1) Horse sports are a dangerous activity and that horses can suddenly act in an unpredictable manner, especially if frightened or hurt.
- 2) I understand and acknowledge that serious injury or death may result from horse sport activities, including this event and that I participate at my own risk.
- 3) I agree that I am volunteering at Hervey Bay Active Riders Inc. events as a volunteer at my own risk and understand and acknowledge that in the event of an injury to myself, I am not covered by personal accident insurance by this club and that I am responsible for taking out my own personal injury policy should I see the need to do so.
- 4) I agree not to drink alcohol or take drugs prohibited by law before and or during competition.
- 5) I understand that my signature to this Volunteer Form constitutes as complete and unconditional release of all liability to Hervey Bay Active Riders Inc., including all of its state bodies, committee, coaches and affiliated Clubs or Organisations to the greatest extent allowed by the law in the event of me/or the children under my care suffering injury or death.

Name	Signature	Date