

HORSE DYNAMICS cc

Est. 2006

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Plot 33, c/o Lynnwood and Boschkop Road,
Zwavelpoort, 0081 (*Riding school*)
13 The Willows Lofts, 6 Bee Bee Str.
Die Wilgers, 0041 (*Administration*)
PO Box 71610, Die Wilgers, 0041

JUNE/JULY Pony Camp 2010 Enrollment and Indemnity Form for Riders

A warm word of welcome to all our parents from the whole team at Horse Dynamics cc.

INDEMNITY (*Please complete, sign it and return a scanned copy by e-mail or alternatively fax*)

I, the undersigned, _____ (full names) in my capacity as parent or legal

guardian of the minor child _____ (full names),

rider's (child) birthday hereby

d	d	/	m	m	/	y	y	y	y
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 agree as follows:

1. I acknowledge and accept that there are inherent dangers in horse riding and I fully understand the nature of the risk and the need for the rider to take all reasonable precautions.
2. I accept and voluntarily assume the risk inherent in my child's participation in horse-riding activities. I, together with my child's heirs, executors and administrators release Horse Dynamics cc, its officers, stewards, agents, grooms and representatives from any duty of care towards my child and from liability towards any claim that could accrue to my child or his/her heirs, executors or administrators arising from his/her participation in horse riding or any related activities, or of any loss of or damage to his/her property (whether physical, emotional and/or financial).
3. Such horse riding activities will include but not be limited to riding, working with horses on foot or any other activity undertaken by participants in riding lesson.
4. In the event of an accident involving my child there is no obligation on Horse Dynamics cc to secure for my child's medical treatment, however I do hereby authorize Horse Dynamics cc to act in his/her best interest, which may include the obtaining of the necessary emergency medical treatment, which shall be for my account. In such an event, Horse Dynamics cc will advise the contact person listed herein of the situation at the earliest possible opportunity but is authorised to secure medical treatment without prior consultation.
5. Neither Horse Dynamics cc nor its staff or agents shall be liable for any loss or damage to property brought to the yard, for example money, cell phones and clothing.
6. I agree that photographic and/or video material taken during activities may be used for training or marketing purposes.

[Please print clearly]

ENROLMENT

For official record keeping and enrolment for 2010 only:

Parent/Guardian's ID Number:

Capacity:

Father	Mother	Guardian
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Contact number (Mobile): **Same as you payment reference!**

Contact number (Mother):

Contact number (Father):

E-mail-address: _____

Landline number:

School: _____

Thus done and signed at _____ on this ____ day of _____ 2010.

Signature: _____

[Please print clearly]

COST

R 700-00 for the full 3 days. This includes all activities, meals and snacks!
5% discount for parents with two or more children.

No cash payments will be accepted. Submit proof of payment to us by faxing it to 086.655.3608 or e-mail it to info@horsedynamics.co.za. (Please refer to www.horsedynamics.co.za for the most up-to-date contact information.)

EFT or direct deposits:

Horse Dynamics cc
FNB Cheque Account
Branch name: Menlyn Square
Branch code: 252445
Account: 62124532161
Reference number: **Important - Please use your mobile number.**

For office use only. Please do not complete

Client number:

Enrolment date:

d	d	/	m	m	/	y	y	y	y
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Mobile confirmed:

SMS	MMS
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E-mail confirmed:

YES	NO
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Captured in MSOA™:

d	d	/	m	m	/	y	y	y	y
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