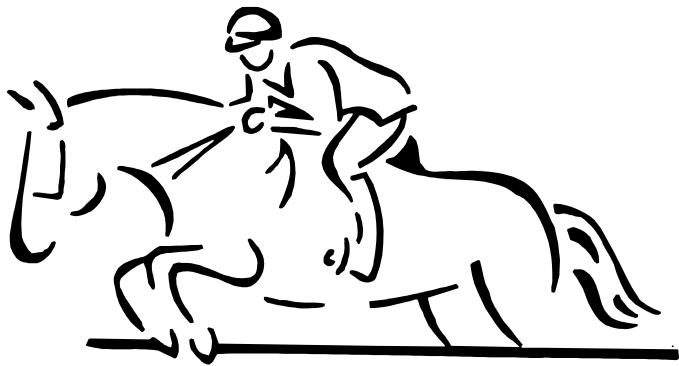


# UPPER VALLEY PONY CLUB

(a merger of Te Marua Pony Club and  
Upper Hutt Pony Club)

## Cross Country Training Day at our Te Marua Grounds



**On SUNDAY 26<sup>th</sup> October 2014**  
**Gates open 12:00 noon**

For information phone  
Linda Williamson – 04 526-4923 a/hrs

**On-Site first aid will NOT be available.**

**All persons enter the UVPC grounds at their own risk. Please take due care for the safety of yourselves and others.**

*UVPC wishes you a safe and fun experience at our training day.*

### Entry Fee \$15 per horse/pony

Up to 3 x rounds Cross Country per horse

**PLEASE PAY ON ARRIVAL AT OFFICE AND COLLECT TICKETS**

*\$15 entry fee will be charged for all horses brought onto the grounds (whether or not you choose to jump). Please take your horse's fitness into consideration when deciding how many rounds to do in total.*

### Cross Country:

Course Open from 12:30pm to 3:30pm, Max 3 rounds

Note: LAST RIDER starts 3:15pm latest

#### RIDERS MUST:

- Only jump fences that are flagged – check out the course!
- Give way to other riders.
- Move on if they are asked to.
- Wear back-protectors and medical armbands on cross country.

*There will be members of UVPC circulating and if they deem anything to be unsafe or not suitable conduct you may be asked to desist and/or leave the grounds.*

- **Please park with consideration of cross country jumps route.**
- All riders must report to the office on arrival to pay and COLLECT TICKETS for XC rounds. **No ticket – no jump.**
- Please hand in completed NZPCA disclaimer at office (if not a current financial member of NZPCA).
- Correct safety gear must be worn at all times when mounted.
- Snacks and Drinks will be available at the office.
- Please bring your own water for your horses.



# Agreement for Casual Members

I wish to participate in Upper Valley Pony Club Training Day Event/Activity to be held at UVPC's TE MARUA grounds on 26<sup>th</sup> October 2014

<b>1. MY DETAILS</b>		
Surname:	First Names:	Date of Birth:
Address:		
Post Code:	Email:	
Phone: Day:	Evening:	Mobile:
<b>2. EMERGENCY CONTACT</b>		
Surname:	First Names:	Relationship:
Phone: Day:	Evening:	Mobile:
<b>3. APPLICANT DECLARATION (to complete if over 18 years of age)</b>		
<p>I acknowledge and agree that I do not have any medical conditions which may impact on my participation in the above Event/Activity or if I do, I have disclosed them to _____ (relevant person).</p> <p>I also agree to NZPCA (located at PO Box 8626, Havelock North) holding such information included on this form and as I supply to it or authorise it to collect in respect of me or which otherwise comes into its possession and authorise the release of this information to NZPCA Members or any other persons or organisations that the Board of NZPCA may think conducive to furthering the interests and objectives of NZPCA.</p> <p>I understand that my personal information will be held securely by NZPCA, that I will have access to it and that it will be corrected upon request from me under the Privacy Act 1993.</p> <p>I understand and acknowledge that I will be bound by the NZPCA Constitution, Regulations, and policies while participating in Limited Pony Club Events and/or Activities.</p> <p>I will not hold the Branch, Club, Area or NZPCA or their respective officers responsible for any claims, losses, expenses and costs (including legal costs) which may arise from or in connection with my membership and/or participation in the above Event/Activity except in the case of gross negligence or a wilful act or omission on the part of the Branch, Club, Area or NZPCA.</p> <p>I indemnify the Branch, Club, Area or NZPCA from all claims, losses and expenses (including legal costs) suffered or incurred at any time as a result of, or resulting directly or indirectly from, my failure to observe the constitutions, regulations, policies, manuals, guidelines and reasonable directions of the Branch, Club, Area or NZPCA respectively.</p> <p>I also understand that this Agreement only permits me to participate in the above Event/Activity.</p> <p>I also acknowledge that I am the Person Responsible for any horse that I ride during Limited Pony Club Events and/or Activities.</p> <p><b>Signed</b> _____ <b>Date</b> _____</p>		
<b>4. PARENT/GUARDIAN/CAREGIVER CONSENT (for applicants under 18 years of age)</b>		
<p>I am the parent/guardian/caregiver of the applicant who is under 18 years of age. I have read and understand this form and the Membership Declaration. I consent to the applicant's application for membership on the basis set out in this form and the Membership Declaration.</p> <p>I also consent, or am authorised to consent, that the applicant does not have any medical conditions that may impact on their participation in the above vent/Activity or if they do I have disclosed them to _____ (relevant person).</p> <p>I acknowledge that because the applicant is under 18 years of age, when I am present at a Limited Pony Club Event and/or Activity in which the applicant is participating in, I am the Person Responsible for any horse that the applicant rides at a Limited Pony Club Event and/or Activity.</p> <p>I also understand and acknowledge that as a Person Responsible for a Horse I will be bound by the NZPCA Constitution, Regulations, and policies while the applicant participates in Limited Pony Club Events and/or Activities.</p> <p><b>Signed</b> _____ <b>Date</b> _____</p>		
Surname:	First name:	
Phone: Day:	Evening:	Mobile:
<b>5. BRANCH, CLUB, AREA AND NZPCA USE ONLY</b>		
Signed Branch / Club or Area Officer:		Date:

Note: All definitions in this document have the same meaning as set out in the NZPCA Membership regulations.