



Robert McAuliffe, RMHB Pty Ltd

Licensed Parelli Professional

Address: 50 Lisa Road, Wilton, NSW 2571 Australia

Email: rob@robmcauliffe.com

Phone: +61 (0) 246 309 443

ABN# 47 632 466 510

### Course Application Form

*Print, Complete and Post to the above address*

*To secure your position in the course, please ensure you post the hardcopy well before course commencement*

Date of Course: \_\_\_\_\_ Location of Course: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Savvy Club Member Number: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Parelli Level Currently Studying:**

|   |                                  |                                    |                                    |                                    |
|---|----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Beginner Level 1 | <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2   | <input type="checkbox"/> Level 3   | <input type="checkbox"/> Level 4   |
|   |                                  | <input type="checkbox"/> On Line   | <input type="checkbox"/> On Line   | <input type="checkbox"/> On Line   |
|   |                                  | <input type="checkbox"/> FreeStyle | <input type="checkbox"/> FreeStyle | <input type="checkbox"/> FreeStyle |
|   |                                  |                                    | <input type="checkbox"/> Liberty   | <input type="checkbox"/> Liberty   |
|   |                                  |                                    |                                    | <input type="checkbox"/> Finesse   |

**Please tick the appropriate answer to each of the following questions:**

Are you the owner of the horse?  Yes  No

Is this horse currently being ridden under saddle by you?  Yes  No

How many hours under saddle has this horse experienced so far?  1-10  10-20  20-50  50-200  200+

Do you have any physical disabilities or injuries?  Yes  No

Are you currently on any medication that your instructor should be informed about?  Yes  No

If yes, please give details \_\_\_\_\_

Do you have any major allergies that your instructor should be informed about?  Yes  No

If yes, please give details \_\_\_\_\_

Have you read and signed the Agreement Liability Release included with the Logistics information for this course?  Yes  No

I agree for visual images of myself at the course to be used in Publications, including website pages.  Yes  No

**Full payment is to be sent with Application Form. Please choose a payment option-**

|   |  |
|---|--|
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> MasterCard/Visa |
| Bank-NAB                                | Name on Card: _____                      |
| BSB#- 084675                            | Card Number: _____                       |
| Account#- 168098101                     | Expiry Date: _____                       |
| Account Name- RMHB Pty Ltd              | Signature: _____                         |

**Please reference your full name in payment details**

I have read and understand the information provided me, including the disclaimer form enclosed. I understand that full payment is to be paid when submitting my application to reserve my space in the course. Please contact us if you have any problems regarding payment schedules. I understand that no refund or transfer of my deposit will be offered if I cancel within 14 days of the commencement of the course and if I wish to receive a refund or transfer of any funds deposited due to cancellation within this time I will need to produce a doctor's certificate or vet's certificate of injury or ill health.

Signed (Parent or Guardian for under 18 students): \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_



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### Agreement and Liability Release

Print, Complete and Post to the Coordinator

please ensure you post the hardcopy well before the start of your course

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Savvy Club Member #: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Title: \_\_\_\_\_ Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_

#### Rider Specifications

Applicants are to be over the age of 16.

Physically, riders must be able and reasonably fit, well balanced on a horse at all gaits.

As a matter of safety Rob McAuliffe, as part of RMHB Pty Ltd, and Parelli™ reserves the right to recommend that you do not ride.

#### Your Horse

Please do not bring horses with serious behavioral problems to a course, please contact Rob for assistance.

All horses should be started under saddle with a minimum of 50 hours riding.

Stallions are not permitted

#### Rider Requirements

A basic equipment kit is required comprising of a Natural Horseman's Halter, 12' Line, Carrot Stick and 6' Savvy String as well as a saddle (for riding courses) appropriate heeled riding boots with leather sole and helmet. For Level 2 and higher courses you will require a 22' Line, Natural Hackamore, Snaffle/Cradle Bridle and optional bareback pad. For Level 3 courses you will need everything listed above plus a 45' Line. All riders under the age of 18 must wear a helmet.

#### Other Requirements Required by Insurance

Australian Standard approved helmet to be worn whilst riding and recommended to be worn at any time you are with your horse.

Appropriately heeled shoes or boots

Parelli approved equipment

Helmet must comply with PAS015 or EN1384 and must be less than five years old from the date of manufacture

Helmets must be properly fitted including the use of a chinstrap

Helmets that have had a significant impact which has affected the strength of the helmet, must not be worn

#### Terms & Conditions

No STALLIONS allowed on the course

At any time in its absolute discretion, the INSTRUCTOR may:-

a) Revoke its approval for the Applicant to attend or participate in the COURSE

b) Recommend that the APPLICANT transfer to 'Auditor' status

c) Make an adjustment or refund of fees if either event a) or b) occurs

The APPLICANT agrees to release and discharge the INSTRUCTOR from any , loss, liability or damage or cost that may be incurred by the INSTRUCTOR

a) as a result of any act or omission, whether caused by negligence of the applicant or otherwise

b) in respect of any injury, loss or damage any person who may accompany the APPLICANT to the COURSE may suffer whilst at the COURSE

This Agreement, Releases and Indemnities shall be binding upon the APPLICANT, the APPLICANTS legal representative, heirs and next of kin and that this agreement may be pleaded in bar to any course of action commenced in any court contrary to the Terms & Conditions.

Various words and phrases used in this agreement shall have the following meanings:

"the INSTRUCTOR" also includes any directors, shareholders, employees, agents or sub-contractors who may run or assist in running the COURSE:- "the COURSE" refers to any instructions, training or demonstrations relating to the starting, training, selection, care, handling and riding of horses.

#### Riders Acknowledgement and Declaration

I declare that:

-Physically I am able and reasonable fit and well balanced on a horse at all gaits

-The horse I will use on this course does not have any serious behavioral problems which may disrupt the clinic or other horses or other riders. I will accept and follow all reasonable directions of the INSTRUCTOR.

-I am aware that activities involving horses can be dangerous and unpredictable and that I can be injured or killed. I accept all risks of personal injury, death or property damage to myself or caused to others.

-I am aware I may be personally liable for injury or damage to other horses, people or property that is caused by myself or my horse and I have been advised that I should insure myself against such risks.

-I have fully read and understand the Terms & Conditions on this form and I agree that all terms and conditions are included in the Agreement between myself and the Instructor.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Guardian/Parent (for students under 18 years)



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### **Helmet Waiver**

*Print, Complete and Post*

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I am aware of the instructors requirement of wearing a helmet at all times whilst participating in horse sport activities and accept that I am solely responsible for ensuring I wear a suitable helmet at all times whilst participating and I take sole responsibility for my actions should I choose to refrain from wearing a helmet.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_