



**TOP TRAINERS PRODUCTIONS  
DANA HOKANA CLINIC**

**LOCHINVAR  
28 & 29 August**

<b>Name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone Contacts Home &amp; Mobile</b>	

	<b>No:</b>	<b>Total</b>
Riding Saturday		
Riding Sunday		
Fence Sitting Saturday		
Fence Sitting Sunday		
Camping Friday		
Camping Saturday		
Stabling Friday		
Stabling Saturday		
Stable Bedding		
Stable Bond		
Dinner Saturday Night		
<b>TOTAL</b>		

<b>Competition Level of Horse</b>		
<b>Discipline:</b>	<b>Please Tick</b>	<b>Payment: 20% Deposit Non Refundable</b>
Western Pleasure		<b>Cheque or Money Order from Australia Post</b> Mail To: Top Trainers Productions PO Box 5051, Chittaway Bay NSW 2261
Halter / Showmanship		
Reining		
Hunter Class		
Trail		
<b>Fees</b>		<b>Credit Card</b> Payment to be made through Pay Pal at <a href="http://www.toptrainersproductions.com.au">www.toptrainersproductions.com.au</a>
\$250 Per Day Per Rider	Dinner \$TBA	<b>Direct Deposit</b> Commonwealth Bank. Acc Name: Top Trainers Productions BSB:062 318 / ACC: 10261817 <b>Balance Due No Later than 1 June, 2010</b>
\$50 Per Day - Fence Sitting		
\$25 Per Day - Camping		
\$16.50 Per Day - Stabling		
\$20 - Stable Bond (refundable)		



## TOP TRAINERS PRODUCTIONS

Dana Hokana Clinic

Lochinvar, 28 & 29 August

### *Clinic Information*

Thank you for your interest in the Dana Hokana Australian Clinic.

Dates:	Saturday 28 & Sunday 29 August 2010
Location:	NSW Equestrian Centre Lochinvar NSW
Time:	8:30am – approx 4pm
Cost:	\$250 per rider per day
Inclusions:	2 Hour Clinic with Dana (max 6 people in each session) Lunch Fence Sitting
Dinner:	There will be a Dinner on the Saturday evening with Dana Hokana and question time. Cost and time is TBA. The Dinner is open to anyone wishing to attend.
Fence Sitting only:	\$50 per day per person. Group discount will apply for bookings of 5 or more people. All Clubs are welcome to attend
Stabling:	A refundable Stable Bond applies and bedding will be supplied as part of the stable costs.
Topics:	Dana will be covering a range of topics related to your discipline Please ensure you tick your discipline on the registration form so you are placed in the correct class.
Questions:	Any questions in relation to the clinic please email <a href="mailto:info@toptrainersproductions.com.au">info@toptrainersproductions.com.au</a> or Phone Charna on 0402 871 980 or 02 4332 9858

***Please note: We have had a large interest in the clinic therefore spots will fill fast so be quick to secure your space.***



## TOP TRAINERS PRODUCTIONS

Dana Hokana Clinic

To be completed by all clinic riders.

### **LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE**

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider:

**Name and address of Provider:**

Top Trainers Productions  
Unit 1, 74 Hutton Road  
The Entrance NSW 2261

The Participant acknowledges that the activity being undertaken in an activity being undertaken for the purpose of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means: providing facilities for participation in a recreational activity, or training a person to participated in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participant also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

**Description of Recreational Services:**

Dana Hokana Riding Clinic of Top Trainers Productions:

Steps taken by Top Trainers Productions to avoid the danger of personal injury or death:

1. Providing assistance to Affiliates to support those Affiliates in the safe conduct of their activities.
2. Implementation of a risk management approach to events sanctioned by the Association
3. Publication of resources to support the risk management approach of the Association and its Affiliates.

The Participant acknowledges that during all times while he or she is attending the recreational activity, he or she does so at his or her own risk, and that the Participant and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether cause by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and / or assistance with advice.

Declaration and signature: By signing this agreement I/we understand that the Recreational Services, as set out in this form, may cause my/us and or my/our dependants personal injury or death. By signing this agreement I/we and my/our dependants waive our rights to sue the Provider for losses relating to my/our and or my/our dependants personal injury or death that result from any negligence caused by the Provider.

Name:

Signature:

Date:

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Name and Signature of Legal Guardian (if participant is under 18 years)

Name:

Signature:

Date:

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