

LUNGE TEST NOMINATION FORM

CANDIDATE INFORMATION

Candidate name	
Branch/Centre Plus	
E-mail address	
Contact No.	
Date of birth (& ID Number)	
Date B OR BHC Test awarded	
Date of previous Lunge Test (if applicable)	

I wish to nominate the above candidate for:

☐ The Lunge Test (R400.00)

I hereby certify that:

1. The Candidate holds the B Test Horse and Pony Care
2. The Candidate has been trained in the subjects required for this Test and is up to the standard required
3. The Candidate has been assessed lungeing various horses and is up to the standard required according to Pony Club teaching as reported by an approved person with experience of this Test
4. The Candidate has completed the required supervised sessions and has recorded this in the approved log book

IMPORTANT INFORMATION

1. A candidate may not re-take any failed section until a minimum of three months has elapsed after their last unsuccessful attempt
2. In the event of a candidate failing the test a new nomination form must be submitted together with the exam fee

Signed _____ Date _____

Candidate or parent/guardian if under the age of 18

Signed _____ Date _____

District Commissioner / Centre Plus Representative

The exam fee above is payable to the national bank account, details as given below. Please use **your name and Lunge Test** as a reference.

Account Name	South African Pony Club
Bank	FNB
Branch	200512
Account Number	62070678746

Please send proof of payment and completed form to nationalinfo@ponyclubsa.org.za and cc to nationaltesting@ponyclubsa.org.za

INDEMNITY FORM FOR VENUE

I, the undersigned _____ being the owner / parent/ guardian, hereafter referred to as the responsible person do hereby acknowledge, understand and agree to the following:

1. Acknowledge, understand and accept that there are dangers inherent in the sport of horse riding (falls, kicking, biting, being run over or stood on) and I fully understand the nature of the risk and the need for the rider to take all reasonable precautions. I accept and voluntarily assume the risk inherent in my / my child's participation in horse-riding activities and I, together with my heirs, executors and administrators release the yard, its officers, stewards, agents and representatives from any duty of care towards me, in connection with my participation in horse riding, and from liability from all or any claims that could accrue to me or my heirs, executors or administrators arising out of my/my child's participation in horse riding of any related activities, or of any loss of or damage to me/my property or that of my child (whether physical, emotional and/or financial) from any cause whatsoever and I further indemnify and hold harmless associated person against any claims however the same may arise
2. Such horse riding activities will include but not be limited to riding, working with horses on foot, generally being on the premises for the purpose of taking instruction or any other activity undertaken by participants in riding lesson
3. Acknowledge that any vehicle / property brought onto the premises is solely at my risk and The Yard will not be liable for any damage that may be caused to such vehicle / property as a result of any of the staff, horses or ponies while on the premises. I further acknowledge that animals may have reason to be in the same area as vehicles while on the property and that such action shall not be deemed to be negligent by The Yard is so far as I have been warned of such a situation
4. I further acknowledge that basic protective riding equipment is provided by The Yard and that use of such equipment, especially a protective helmet, is mandatory
5. The Yard management make no representations and give no warranty as to the suitability, effectiveness of fit of the said equipment, which is used solely at my / my child's own risk
6. In the event of an accident involving me or my child there is no obligation on The Yard to secure for me medical treatment; however I do hereby authorise The Yard to act in my best interest, which may include the obtaining of the necessary emergency medical treatment, which shall be for my account. In such an event, The Yard will advise the contact person listed herein of the situation at the earliest possible opportunity but is authorized to secure medical treatment without prior consultation
7. Neither The Yard nor its staff shall be liable for any loss or damage to property brought to the yard, for example money, cell phones and clothing

Signed _____ Date _____
Name (name & surname) _____

Signed _____ Date _____
Witness (name & surname) _____