

## C+ TEST NOMINATION FORM

### CANDIDATE INFORMATION

Candidate name	
Branch/Centre/Centre Plus	
E-mail address	
Contact No.	
Date of birth (& ID Number)	
Date of Road Rider Achievement Badge	
Date of previous C+ Test (if applicable)	

I wish to be accepted for (please tick):

The C+ Test (R450.00)       The C+ Test (HC only) (R300.00)       The C+ Test re-take (R200)

I hereby certify that:

1. I have received training in the subjects required and will be prepared for this Test
2. I have completed all the required competencies and they have been signed off by an approved assessor
3. I have read and understood the important information below

### 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. At C+ a failed section is at Riding, or at Horse Care. A candidate who fails any part of the Horse Care section must re-take the entire Horse Care exam, and likewise for the Riding
3. In the event of a candidate failing the test (or any part of the test) a new nomination form must be submitted together with a supplementary exam fee of R200.00

Signed \_\_\_\_\_

Date \_\_\_\_\_

Candidate or parent/guardian if under the age of 18

## Branch District Commissioner / Centre or Centre Plus Representative

I hereby certify that:

1. The candidate is at least 13 years old (the recommended minimum age is 13)
2. The candidate is of a standard that it is reasonable that they are put forward for this test

Signed \_\_\_\_\_

Date \_\_\_\_\_

**District Commissioner / Centre or Centre Plus Representative**

The exam fee above is payable to the region's bank account, details as given below. Please use **your name** and **C+ Test** as a reference.

Account Name	
Bank	
Branch	
Account Number	
Regional Chairperson e-mail address	

Please send proof of payment and completed form to the Regional Chairperson on the address above.

Instructions: The candidate is to fill in the first section, and submit to their branch or centre. The branch or centre must sign and fill in banking details for the Region, as well as the email address, and return to the candidate. The candidate makes payment, and sends the signed form and POP to the Region as instructed.



## 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)