

MITTA VALLEY AUTUMN TRAIL RIDE
NOMINATION AND INDEMNITY FORM
MARCH 23rd, 24th & 25th 2012

NAME:..... **PHONE:**.....

ADDRESS:.....

EMAIL:

INDEMNITY “WARNING”:

On my completion of the nomination and the payment of the prescribed fee, I acknowledge that I am fully aware and accept that the Sub Committee of the Mitta United Football Club Inc. directly or indirectly singularly or collectively are not responsible for any loss or damage or death sustained by either participant or animal during the period of this ride or social events and that I or any relative or person I may be responsible for understands that he or she participates entirely at their own risk. *“The Committee of the Mitta United Football Club Inc are not liable in contract or in tort arising out of, or in connection with, or relating to any error (whether negligent or in breach of contract or not) in respect to the Mitta Valley Autumn Trail Ride.”*

“Force Majeure”

“If by reason of any fact, circumstance, matter or thing beyond the reasonable control of the Committee of the Mitta United Football Club are unable to perform in whole or in part any obligation under this agreement to the extent and for the period that they are so unable to perform they are not to be liable to the other party to this agreement in respect to such inability.”

Signed:

Date:

Deposit - \$

(\$45 PER RIDER)

CAP HATS @ \$20 EACH

(Please insert No of hats you require)

Mitta Valley Autumn Trail Ride, C/- Marg Tobin, 146 Mitta North Road, Eskdale Vic 3701.

Cheques payable to Mitta United Football Club

Direct Credit: BSB 063534 Account: 10137230 (Please include your surname & post or fax form)

Fax: 0260720264

For catering purposes please TICK which days you will be attending:-

Friday night Saturday Ride Sat Dinner Sunday Breakfast Sunday Ride & Lunch

The following to be completed also for under 18 year old riders.

I hereby give permission for my child..... to participate in the above ride and social events and I have read and accept the conditions of the indemnity clause.

I nominate..... to be my child’s ride guardian.

Signed: (Parent).....

Date:.....

I accept the guardianship of for the period of the above ride and social events.

Signed: (Ride Guardian)

Date: