



711 Island Rd, View Hill, OXFORD. New Zealand.  
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## MAIL ORDER - BOOKING APPLICATION FORM.

Riders Name: .....

Address: .....

Phone home ..... Phone Work .....

Alternative contact name..... Phone number.....

Course date:

**All non-member bookings must be pre-paid and are subject to the following conditions:**

- Bookings are not accepted unless they are paid in full.
- Payment is non-refundable & non-transferable

Course fee NZ\$

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Safety hat hire please add \$ 2.50 per day if required.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Jodhpur boot hire please add \$5.00 per day if required. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Upgrade to private room please add \$45.00 per night.    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Return bus transfers add \$20.00 .                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**ADD BOOKING FEE NZ\$ 10.00 BOOKINGS MADE ON OUR WEB PAGE WITH A CREDIT CARD DON'T HAVE A BOOKING FEE**

TOTAL PAYMENT ENCLOSED FOR NZ\$ ..... (Please send SAE if receipt required)

Please send cheque or pay by Visa, MasterCard, American Express, JCB

Please debit my .....	card.	Card number .....
Expiry date .....		Name .....
Signature .....		Amount NZ\$ .....

Are there any medical conditions, allergies or medication that we should know about ?

.....

Any comments ? .....

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**KOWHAI RESIDENTIAL SCHOOL OF RIDING LTD  
SAFETY TERMS AND CUSTOMER DECLARATION**

In any adventure activity, there is an element of risk involved. Risks in undertaking this activity include horse riding in a farm environment.

The staff and management of Kowhai Residential School of Riding Ltd take all practicable steps to identify and minimize potential dangers. However, you must follow our instructions and use the safety equipment provided at all times. Adults accompanying any person under the age of 18 must ensure that the underage person follows our instructions at all times. **You must release or indemnify Kowhai Residential School of Riding Ltd and our staff against any liability we incur to anyone else, resulting from your failure to follow our instructions or the failure of any person accompanying you under the age of 18 to follow our instructions.**

We reserve the right to withdraw any person who in our opinion is likely to endanger themselves or others. We also reserve the right to cancel the horse riding if we become concerned for any reason for your safety or that of any other person.

**WARNING:** Under New Zealand law it is extremely unlikely that you will be able to sue anyone if you are injured. In addition, New Zealand's accident compensation scheme provides only limited assistance to visitors to New Zealand who are injured. We strongly recommend that all visitors to New Zealand have full insurance covering any injury they might suffer, including medical treatment cover, before undertaking this activity.

**EXCLUSIONS:** To the extent permitted by law, all our liability for damage to your property, disruption to travel plans, or mental injury is excluded. This exclusion is subject to any rights or remedies you may have under the Consumer Guarantees Act 1993.

Please list on this form any medical conditions or other information we need to know to include you safely in this activity. For example: asthma, allergies, heart conditions, epilepsy or pregnancy. You are entitled to access any information we hold about you or to request its correction at any time.

**In signing this document, I/we acknowledge that I/we have read and understood the above safety terms:**

<b>Name</b>	<b>Signature of Customer</b> (parent or guardian if customer under 18 years)	<b>Existing Medical Condition/s or Other Information</b> (eg skill level, height and weight of rider)

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person/s (in case of an emergency): \_\_\_\_\_

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