



# HORSELAND PONY CLUB OPEN HORSE TRIALS 2018

## MEDICAL RESPONSE AUTHORITY

### RIDER DETAILS:

Name of Rider:		Date of Birth:
Email:	Mobile:	

### HORSE ENTRY DETAILS

Horse (1):	Grade:
Horse (2):	Grade:
Horse (3):	Grade:

### EMERGENCY CONTACT:

Emergency Name:	
Mobile:	

### VOLUNTEER

A volunteer to assist at the event is compulsory for event entry acceptance.

Volunteer Name:			
Mobile:		Email:	

### Medical Response Declaration

I give permission to receive FIRST AID and/or MEDICAL TREATMENT, and be transferred to hospital by ambulance should the need arise during the conduct of this event.

I give the PCV President, or their appointed deputy, my consent to authorise such transfer and to make such emergency medical arrangements as may be deemed necessary by a qualified medical practitioner on my behalf.

Before taking this action, the PCV President, or the appointed deputy, must be satisfied that every possible practical effort has been made to contact the above mentioned Emergency Contact.

I give authority in the full knowledge that I will be required to pay costs incurred if insurance held by the PCV does not cover the ambulance transfer, medical treatment or any other costs involved.

Signature: .....

Print Name: ..... Date: .....