



## Australian Carriage Driving Society

ABN: 28 794 114 302 – Incorporation No: A01028

# Form D

Revised Feb 2024

## COME AND TRY ACTIVITY PARTICIPATION FORM

This form is intended for non-members who wish to participate at a “Come and Try” carriage driving activity organised by the ACDS or an ACDS-affiliated Club. No fee is payable.

**The person participating in the “Come and Try” activity must follow the direction of the ACDS member accompanying them at all times.**

What the Host must do:

- The activity must be run under the auspices and direct control of the ACDS or an ACDS-affiliated Club.
- A risk assessment of the activity, venue etc must be conducted and documented prior to the activity commencing.
- Carry out an assessment beforehand and utilise horses / ponies and carriages that are suitable for the activity and the likely skill level of participants.
- Ensure all Come & Try participants have completed and signed this form and are informed of the risks and requirements of their participation. **A parent or legal guardian must sign on behalf of a person aged under 18.**
- Persons under the age of 18 years must wear a helmet and it is recommended that a person over 18 years wears a helmet. (See *Note* below)
- The relevant ACDS requirements for Junior Drivers (ACDS By-Law 14.8) must be adhered to.
- The person wishing to try carriage driving must have an ACDS experienced Adult Member (on a Single or Family Membership) in the carriage with them at all times.
- The ACDS member in the carriage must be in a position to take control of the horse / pony at all times – it is strongly recommended that consideration should be given to using a second set of reins attached to the bit and held by the ACDS member.
- There should be sufficient ACDS members available on the ground during the activity to render immediate assistance if required.
- This type of membership is not for use in any competition i.e., dressage days, show driving, CDE, pleasure driving, Club rallies or any timed events.
- This Membership does not cover the person/s whilst driving their own horses/carriage at a “Come and Try” activity; a One Activity or Full ACDS Membership is required in those circumstances.

*Note: For the purposes of this type of activity only, helmets not meeting the requirements of ACDS By-Law 14.11 are permitted for use, provided the helmet is currently approved for use by another equestrian organisation (e.g., Pony Club).*



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Club Name: \_\_\_\_\_ Venue: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time Commenced: \_\_\_\_\_ Time Completed: \_\_\_\_\_

**Applicant**

NAME	ADDRESS	MOBILE NUMBER	SIGNATURE	AGE if U18

**Signature of Club  
 Authorised Person**

\_\_\_\_\_

Name Signature

**FOR THE APPLICANT:**

By signing above, you are applying for membership of the ACDS solely to participate in the stated activity. I/We understand that I/We must observe any instructions or advice given to me/us by the ACDS officials conducting the activity. The ACDS may also initiate follow-up contact to gain feedback on your experience and provide information on ACDS services and activities. Our privacy policy is available at [www.australiancarriagedrivingsociety.org](http://www.australiancarriagedrivingsociety.org)

Participating in the recreational activities supplied by the ACDS may involve risk. The risks involved may result in personal injury including death. Prior to undertaking such recreational activities, you should ensure you are aware of all the risks involved, including risks associated with any health condition you may have. By signing above, you acknowledge, agree and understand that participation in the recreational services provided by the ACDS may involve risk. You agree and undertake any such risk voluntarily and at your own risk. You also acknowledge that this is a “risk warning” in accordance with relevant legislation.

By completing this form and signing it, the person will be covered by ACDS insurance (Public Liability and Personal Accident) for the period that they are participating in the Come and Try activity, however, if an ambulance is called for any reason to tend to your injuries, including concussion, it will be at your own expense. Any person causing a claim to be made against the ACDS Inc Insurance Policy is personally liable for the excess amount in full as determined by the Insurance policy at the time of the incident (currently \$5000).

I do not wish my children’s, or children under my care, to have their photograph taken or published.

**FOR CLUBS:** Please return the completed form to the Assistant Federal Secretary, Peter Dunn ([acdsassistsec@gmail.com](mailto:acdsassistsec@gmail.com)) within 7 days of the activity being conducted.

***If required, attach additional forms for more participants.***