



Waiver Form for Horse Riding & Activities (Acknowledgment of Risk)

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that activities involving horses can be hazardous and that the servants, agents, representatives or volunteers accept no responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of participating whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that the safety precautions undertaken are a service to me and other participants but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up, buck or to bite. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, including ambulance transportation that they think desirable during or after participating.

RIDER'S DUTIES:

- 1. I agree that I participate at my own risk.
2. I agree that I will not ride if I am under the influence of alcohol and/or drugs.
3. While staff may also inspect the riding equipment from time to time, I agree that I will be ultimately responsible for checking my equipment, including the saddle, and if there are any problems, or the saddle becomes loose, I will tell a staff member immediately.
4. I agree to follow staff members' instructions at all times.
5. I agree that as a condition of riding I must wear a helmet and suitable footwear.
6. I agree that I will be responsible for any injuries to the rental horses, damages to the premises, property owned by others, injuries to any riders or pedestrians, which I may cause by negligent, reckless or irresponsible conduct.

All minors must have a parent or guardian sign this acknowledgment and indemnity for them. If additional space is needed please make copies of this form. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS AND CONDITIONS APPLY EVERY TIME I PARTICIPATE.

Privacy Statement - Privacy Act 1998

By completing this form you are supplying personal information about yourself. This information is needed to ensure your safety during your time with here. We are required to collect this information by our insurance company and by the Department of Workplace Health and Safety. The information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.

Table with 6 columns: Print Name, Age if Under 18, Your Riding Level, Signature, Medical Conditions that may affect medical treatment or please state "None", Horse Ridden (Office use). The table contains four empty rows for data entry.

- 1 = infrequent rider from a person who has never ridden a horse, up to a person who can mount a horse, dismount a horse and stop a horse. May be confident at riding the horse at the walk.
2 = Medium rider competent at riding the horse both at a walk and a trot.
3 = Competent rider confident and competent at riding various horses at a walk, trot and canter.

OFFICE USE ONLY: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number on Ride: \_\_\_\_\_ Cost per person: \_\_\_\_\_ Total amount collected: \_\_\_\_\_

Guide name(s): \_\_\_\_\_ page \_\_\_ / \_\_\_