



Katelands Equestrian Academy
346 Loerie Lane, Sardinia Bay
Port Elizabeth, 6070
061 756 1477
Katelandspe@gmail.com

HORSE RIDING INDEMNITY AND LIABILITY RELEASE FORM

HORSEBACK RIDING CAN BE DANGEROUS. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY

By this agreement made and entered on (date) _____

By and between (your name) _____

Who resides at (your address) _____

hereinafter referred to as "I" and KATELANDS EQUESTRIAN ACADEMY, hereinafter referred to as "KEA" of No.346 Loerie Lane, Sardinia Bay, Port Elizabeth.

It is hereby agreed to as follows:

1. HAZARDOUS ACTIVITY: I understand that horseback riding is a hazardous activity and that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot, canter, or gallop, to kick, to buck, to rear up in front, or to bite; that horses may trip, stumble, and/or fall down while being led, ridden, or otherwise attended to; that horses may step on feet or other body parts; that the behaviour of horses may be affected by weather, terrain, other animals, and the presence of people; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will generally be more than 5 feet. I understand that these risks and voluntarily assume these risks and dangers for myself or on behalf of my child or legal ward. _____ (Initial here)

2. RIDING HELMETS: I understand that I can better protect myself against head injuries by wearing protective equestrian head gear while mounting, riding, dismounting and being around horses. I accept full responsibility for the increased risk of injury if I decide not to wear a helmet or not to require my child or legal ward to wear a helmet. _____ (Initial here)

3. HORSE SHOWS: I understand that travel may be delayed, postponed, interrupted or affected by accident, that horses may be injured in travel, that horses may be certified not fit to compete, show schedules may change, events may be cancelled by show organisers, KEA may take a decision in the interest of the horse, my safety, my child or legal ward's safety, or interest of the team, which may result in I or my child or legal ward being unable to compete. I understand that it is not guaranteed that I or my child or legal ward will win a medal or place in the event. All expenses towards horse shows and events will be contributed by participating members. _____ (Initial here)

4. LIABILITY RELEASE: I understand that I am responsible for death, injury or property damage that I or my child or legal ward should sustain while riding a horse provided by KEA, participating in an activity, excursion organised by KEA. I am also responsible for medical expenses or any other expense incurred as a result of such bodily injury or property damage. I am responsible for any time I, or my child or legal ward shall lose in employment or school or other activity. I hereby for myself, my heirs, administrators and assigns release and discharge KEA and all of their officers and employees from claims, demands, actions, and causes of action for such injuries sustained to my person, or that of my child or legal ward and/or my property. _____ (Initial here)

5. HEALTH: I agree that, in the opinion of the authority of the academy or his/her delegated deputy an emergency has arisen and medical treatment be deemed necessary for myself or my child, legal ward, the authority of the academy or his delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf. _____ (Initial here)

I accept that all precautions will be taken to ensure the safety and welfare of myself, my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable. _____ (Initial here)

As far as I am aware I am/my child is physically capable of participating in the said riding, sporting and extracurricular activities and I am/he/she is in good health. However, the persons responsible should please note the following:

[Please state aspects that teaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, asthma etc.]

6. Cancellation policy: I agree to give 24 hours cancellation notice when I/my child is unable to attend a scheduled lesson, failure to do so forfeits the lesson. If in the event of sudden sickness or injury a doctors note must be provided if you wish to have a catch up lesson and you haven't given 24 hours cancellation notice. If you wish to terminate the contract one calendar month written notice is required. _____ (Initial here)

7. Payment: All invoices are to be settled within 7 days, failure to do so will result in services placed on hold until the account is settled _____ (Initial here)

8 INDEMNITY: I agree to indemnify and pay any expenses, loss or damage that is incurred by KEA and all of their committee, members, managers, officers, instructors and employees arising out of my rental and riding, or my child or legal ward's rental and riding of a horse supplied by KEA. _____ (Initial here)

DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS RELEASE FORM

Signature of Rider One _____ Date _____ Signature of Rider Two _____ Date _____

Signature of Rider Three _____ Date _____ Signature of Rider Four _____ Date _____

Signature of Parents or Guardians _____ Date _____

Please note that payment secures booking

BANKING DETAILS

Account Name:
Account Number
Branch Code
Reference
Proof Of Payment

FNB- CHEQUE

Mrs K. Roberts
62498133017
250655
Name-PC
061 756 1477

Katelands Equestrian Academy

Riding School and Livery

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