



Adelmo Park

RELEASE AND WAIVER OF LIABILITY FORM

RIDER REGISTRATION

Name:		
Address:		
Birth Date:		
Phone:		
Email:		
If Under 18 Parental/ Guardian Details	Name:	
	Address:	
	Phone:	
	Email:	

Emergency Contact:

Name:	
Phone:	
Address:	
Relationship:	

Important: Horse weight bearing capacity is a maximum of 90kg. Riders must be under this weight.

Riding Experience:

Check what best suits your ability:

Column A	✓ ✗	Column B	✓ ✗
Never ridden a horse	<input type="checkbox"/>	Novice Rider	<input type="checkbox"/>
Have ridden a couple of times	<input type="checkbox"/>	Experienced rider	<input type="checkbox"/>

If you have selected an option in Column B, please provided previous riding experience:

Rider initial:	
Parent/ Guardian:	



Adelmo Park

RELEASE AND WAIVER OF LIABILITY FORM

MEDICAL FORM

Do you suffer from any of the following that may impair your riding ability?

<i>Description</i>	YES	NO	<i>Description</i>	YES	NO
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Turns	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic type fits	<input type="checkbox"/>	<input type="checkbox"/>	Inflammation or pain	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Other. <i>(Please describe)</i>	<input type="checkbox"/>	<input type="checkbox"/>			

<i>I acknowledge that:</i>	✓✗
I am in good health and I have NO medical or physical disabilities that may affect my riding ability	<input type="checkbox"/>

Rider initial:	
Parent/ Guardian:	

HORSE RIDING IS A DANGEROUS ACTIVITY

I understand and acknowledge that horse riding is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. Any horse can bite, buck, kick, rear, startle, trip or slip, etc. and put the rider or handler at risk of injury or death.

I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse riding, whilst on the ground around horses, handling horses and in lessons, clinics, training days.

I **AGREE** that I **WILL RIDE, HANDLE AND BE AROUND A HORSE OR HORSES** at my **OWN RISK** and that the event organiser and providers, venue owner , volunteers or agents shall not be liable for my personal injury, death, loss or damage occasioned to me or any loss or damage occasioned to any of my possessions whether such liability arises out of any express or implied term of my riding in ANY rides, lessons, horse handling, whilst around horses on the ground, or at common law or in any other way.

OBLIGATIONS: I AGREE:

1. To not **drink alcohol** or **take drugs** prohibited by law before or during any riding, lesson, horse handling;
2. To immediately report to the Operators any injury to myself, my horse during any ride/lesson/when handling and the manner of the occurrence of such injury;
3. To immediately advise the Operators of any loss or damage to any horse tack, equipment, saddle, bridle and/or any other equipment owned by me or provided to borrow for my use during any ride/lesson/handling;
4. To wear an approved protective helmet, with the chin strap fastened at all times; that conforms with one of the current approved safety standards.



Adelmo Park

RELEASE AND WAIVER OF LIABILITY FORM

CONDUCT: I AGREE:

1. To control myself and my horse during any ride/lesson/handling in a proper and reasonable manner and, in particular, to ride the horse in a proper and horseperson like manner;
2. To be responsible for the well-being and safety of my horse during any ride/lesson/handling on the ground and to not permit any other person to ride or handle that horse without the Operators prior permission;
3. To pay due regard to the safety of all other riders and persons involved in any ride/lesson/handling;
4. To follow the directions of the operators and that any misconduct or refusal by me to follow any direction of the operators will result in the CANCELLATION of my riding session and my immediate removal from any horse/ride/handling NO MATTER where that may occur.

Privacy Statement – Privacy Act 1998

By completing this form, you are supplying Adelmo Park with personal information about yourself. This information is needed to ensure your safety during your time with us. Adelmo Park is required to collect this information by our insurance company and by the Department of Workplace Health & 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.

NOTE: the Competition & Consumer Act 2010 ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the club/coach, participants, Adelmo Park or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.



Adelmo Park

RELEASE AND WAIVER OF LIABILITY FORM

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILTY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES OR OTHERWISE.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENCENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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

I must notify Adelmo park if any of the previous information changes.

Initial:	
Parent/ Guardian:	

Print Name of Rider

Date

Signature



Adelmo Park

RELEASE AND WAIVER OF LIABILITY FORM

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEARS OLD PARTICIPANTS.

I, _____ being the parent/guardian of the abovenamed _____ confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, Adelmo Park, or any subdivision thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any activity conducted by, or on behalf of Adelmo park except for any rights the abovenamed or I may have arising under the Competition & Consumer Act (Cth) (or similar legislation)

Print Parent/ Guardian Name:..... Date

Signature