



P O Box 175, Capel 6271
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CROSS COUNTRY DISCLAIMER FORM

Name of Rider: _____

Name of Parent/Guardian, if rider under 18 yrs: _____

Rider Date of Birth if under 18: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Email Address: _____

Telephone: _____ Mobile No: _____

EA Membership No: _____

PCWA Membership No and Club: _____

Horse riding is a dangerous activity:

- I understand and acknowledge that horse riding is a dangerous activity and that horses can act in sudden and unpredictable way, especially if frightened or hurt.
- I understand and acknowledge that serious injury or death may result from horse riding activities
- I agree that **I ride at my own risk**

Therefore:

I agree that I will only ride within my capabilities whilst using the cross country course. That all jumps and obstacles in the area must be inspected prior to attempting to jump.

I understand and acknowledge that horses kept on the CREP ground are at my own risk.

I agree to follow the rules and regulations as stated in the Conditions of Use of the Cross Country Course and Grounds and that any misconduct or refusal by me follow this direction will result in **A BAN FROM THE CAPEL HORSE AND PONY CLUB CROSS COUNTRY COURSE**, whether this be events, clinics or any other usage. I agree to wear a helmet, back protector and any other necessary safety gear whilst riding a horse.

Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Capel Horse and Pony Club, CREP and its entire affiliated clubs to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Riders/Parents/Guardians Name: _____

Riders/Parents/Guardians Signature: _____

Date: _____