Prior to participating in any lessons or trail rides at **[CENTRE NAME]**, all patrons must first read the following pages thoroughly and complete all questions in full. We reserve the right to exclude from participation anyone who does not provide complete and truthful answers.

This information is used to assess your suitability for horse riding and the type of horse you should be riding, and may be referred to in the event of an accident, illness or medical emergency. False, misleading or omitted information could lead to a recommendation that is inappropriate or unsafe for you, and could result in illness, injury or in extreme circumstances, death.

Please note that it is necessary to ask for an indication of your height and weight so that we can match you with an appropriately sized horse for your ride. For the wellbeing of our horses, the maximum weight of riders that we can allow is **100kg**. This limit has been decided on following consultation with animal welfare experts, and is unfortunately non-negotiable.

**DISCLAIMER**

Whilst our staff and instructors are all proficient in administering basic first aid, they are not medical professionals and cannot provide advanced medical advice or medical care. Horse riding carries an inherent risk of significant injury due to its physically demanding nature, the temperament and behaviour of the horse, and the conditions of the environment.

It is advisable that you seek qualified medical care if you sustain any injuries during your ride, or feel pain after leaving the centre. **[CENTRE NAME]** will not be held liable for any medical costs that you incur following your participation in any of our activities.

If you have any doubts about whether horse riding is suitable for you, or you have any concerns regarding an existing medical or physical condition and how this might impact your ability to participate, please seek advice from a qualified medical professional such as your GP or surgeon prior to attending **[CENTRE NAME]**.

In signing this waiver, you agree to abide by all rules, conditions and safety precautions in place at **[CENTRE NAME]**. Lessons and trails will not proceed if instructors deem that the weather, environmental conditions or other unforeseen circumstances could adversely impact the safety of patrons or our horses.

Further, you accept that it is at the discretion of instructors and staff to refuse entry, or prohibit patrons from participating in an activity if they believe that there is a good reason to do so.

Such decisions are not intended to discriminate, and we will always do everything in our power to include everyone at **[CENTRE NAME]**. However, safety is our number one priority and we reserve the right to exclude patrons from participating if we think that it is in their best interests, and those of our horses and the riding group, to do so. In signing this form, you accept these conditions.

This signed waiver and release form will only be accepted if you are at least **18** **years of age** and you are legally and mentally capable of understanding and adhering to the conditions stipulated in this agreement.

If you are not at least **18** **years of age**, you may only be considered for participation if a parent or legal guardian who is **18** **years of age** **or over** signs the waiver form on your behalf. The form must be completed by a parent/guardian for **each patron** **under the age of 18**, and will form a binding agreement between the parent/guardian and **[CENTRE NAME]**.

Children **12 years of age and under** will only be permitted to enter **[CENTRE NAME]** if they are under the direct supervision of a parent/guardian.

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**Name:**

**Address:**

**Phone:**

**Email:**

**DOB:**

**Height:**

**Weight:**

**Emergency Contact Name & Number:**

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**Are you pregnant, or is there a possibility that you may be pregnant?**

**Have you ever ridden a horse before? If ‘Yes’, please provide details:**

**Do you regularly take any type of medication (either prescription or over-the-counter)? If ‘Yes’, please provide details:**

**Do you suffer from any medical conditions or illnesses (e.g. high blood pressure, cholesterol, asthma, migraines, allergies, dizziness, heart conditions, cancer, poor circulation, blood clots, etc)? If ‘Yes’, please provide details regarding each condition:**

**Do you suffer from any type of chronic pain? If ‘Yes’, please provide details:**

**Have you ever had an adverse reaction to any type of physical activity? If ‘Yes’, please provide details:**

**Have you had any major injuries in the last two years? If ‘Yes’, please provide details:**

**Have you ever had any surgeries? If ‘Yes’, please provide details:**

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**ACKNOWLEDGMENT OF RISKS**

During my visit to **[CENTRE NAME]**, I will receivesome instruction and advice regarding horse riding techniques and safety precautions, as well as how to safely navigate riding trails/terrain. I acknowledge that such information is provided by **[CENTRE NAME]** in an effort to assist me and to comply with all health and safety regulations, but ultimately, it is my responsibility to exercise appropriate caution.

I confirm that the staff of **[CENTRE NAME]** have made me fully aware of the possible risks associated with horse riding, and I confirm that I will not hold **[CENTRE NAME]** responsible for any injuries that I sustain as a result of any activity. I acknowledge that by signing this form I am accepting these risks and am choosing to participate regardless.

I understand that this release form, which contains my personal information, my responses to questions, and my signed agreement to waive liability, will be held on record by **[CENTRE NAME]**. I am also aware that this document may be referred to if I am involved in any type of accident or medical emergency whilst at **[CENTRE NAME]**, and it may be presented to medical professionals in the event that I require emergency medical treatment.

I have answered all questions asked on this form truthfully and completely, and I have provided complete and honest details regarding any possible pregnancy, pre-existing medical conditions, injuries, medications, disabilities, or physical limitations that I suffer from and/or that I am aware of. To the best of my knowledge, I have not withheld any information of this nature.

I acknowledge and accept that there is a relatively high degree of risk involved with horse riding, and that there is always the potential for injury, illness or even death, in addition to the possible loss of or damage to my personal property.

Potential risks could arise from the behaviour and/or actions of the horse, my own inability to control the horse, environmental conditions or factors within the environment, faulty or malfunctioning equipment, actions of the instructors, my own misuse of the equipment, greater levels of exertion than I am accustomed to, the actions of other riders in my group, and other possible factors.

I acknowledge that the fee paid for horse riding at **[CENTRE NAME]** is not inclusive of personal accident insurance, and that any additional costs incurred from sustaining an injury, accident or illness during or after my session will be my own responsibility.

Such costs could include, but are not limited to, the fee for an ambulance being called, any medical bills incurred by time spent in hospital, and any rehabilitation or follow-up treatment/therapy that may be required or beneficial. **[CENTRE NAME]** will not be held liable for any costs or inconveniences that arise as a result of, but not limited to, any of these scenarios.

I acknowledge that I have had sufficient time and opportunity to seek independent legal advice regarding this form and its contents prior to my signing it, and effectively entering into a contract with **[CENTRE NAME]**. I accept all of the potential risks, and agree not to hold **[CENTRE NAME]** liable in any way if I meet any harm during or after my ride.

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**Signature of Participant/Parent/Guardian Date**

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**RESPONSIBILITIES OF THE CUSTOMER / PARTICIPANT**

Any patron who does not comply with the conditions set out in this form will be either refused entry to the centre, or will be ordered to leave the premises.

By signingthis form and attending **[CENTRE NAME]**, you are accepting full responsibility for your own physical, medical and mental health condition. This includes your full acceptance of responsibility for any medications that you are taking, and being aware of any adverse side effects that your medication may have on you while riding.

If you have any doubts about whether you should be horse riding whilst taking medication, or any concerns regarding the side effects of your medication, you should consult your GP, specialist or physician prior to attending **[CENTRE NAME]**. If you experience any pain, discomfort or distress whilst horse riding, please stop and notify your instructor immediately.

You should always consult your medical practitioner or specialist if you have any questions or concerns regarding health issues, diagnoses and treatment. If you suffer from any physical ailments, injuries, health concerns or complications following your session at **[CENTRE NAME]**, please see your doctor immediately.

**If you are pregnant or believe that you may be pregnant, you will not be permitted to ride.** Please be honest when answering questions regarding pregnancy, either on this form or when speaking to our staff.

Physical impacts of any degree can be extremely dangerous if you are pregnant. There is a very high likelihood that you will experience multiple bumps and jolts whilst horse riding, and there is always the possibility that you may fall off or be thrown from the horse. Please appreciate that this policy is for your own safety and wellbeing, and that of your unborn baby.

It is mandatory that all riders wear a helmet and enclosed shoes for the duration of their ride. The helmet must meet the latest prescribed safety standards, and instructors will check your helmet to ensure that it is fitted correctly before you are permitted to ride. You are welcome to wear your own helmet provided that it meets these safety standards, however, helmets are provided by **[CENTRE NAME]** at no extra charge. Anyone who refuses to wear an approved helmet or enclosed shoes will not be allowed to ride.

Horse riding whilst intoxicated poses a significant risk to yourself, other patrons and your instructor. If we believe that you are under the influence of any drug or alcohol, you will be refused entry to the centre or ordered to leave the premises.

Poor behaviour of any kind, including but not restricted to bad language, displays of aggression or violence, or refusing to follow instructions, will not be tolerated. You will be asked to leave the premises, and the police will be called if we believe it is appropriate or necessary.

In signing this form you are acknowledging that you understand your obligation to fully disclose any relevant personal, health and medical details to **[CENTRE NAME]**. Further, you are agreeing to the **Responsibility of the Customer** conditions outlined above, and confirming that you have consulted your GP or surgeon and have received their approval to participate in today’s session (if applicable).

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**Signature of Participant/Parent/Guardian Date**

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**WAIVER AND RELEASE**

In signing this form, you are agreeing to release from any liability **[CENTRE NAME]** and its directors, managers, employees, instructors, and any contractors or volunteers who are working on the premises. Further, you are agreeing to the following stipulations:

I, **[PATRON’S FULL NAME]**, acknowledge that I am voluntarily participating in all sessions at **[CENTRE NAME]**. I further acknowledge that my participation in any activities, and the use of the horses, facilities and equipment at **[CENTRE NAME]**, including the riding trails, paddocks, carpark, entrance, kiosk, gift shop, changerooms and any other areas within and around the premises, is done so at my own risk.

I completely assume all responsibility for any injuries, illness or damage to my property or person whilst I am on the premises. I agree that **[CENTRE NAME]** will in no way be held liable for any claims or damages that may arise as a result of my visit to **[CENTRE NAME]**.

I confirm that I have read this waiver and release form carefully, thoroughly and completely, and I fully understand that by signing it I am agreeing to a complete release of liability by **[CENTRE NAME]**. In doing so, I am waiving the right to bring any action or claim against **[CENTRE NAME]**, its owners, affiliates or staff for any injuries incurred, death, or loss or damage to property as a result of negligence or fault by the staff, guests or anyone associated with **[CENTRE NAME]**.

I acknowledge that this is a contract to release the liability of **[CENTRE NAME],** and I sign it without any coercion and of my own free will. This waiver and release from liability agreement should be interpreted as a complete release and waiver to the maximum extent possible underthe law in this state/country.

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**Signature of Participant Date**

**For participants who are under the age of 18, your parent/guardian must sign the below undertaking on your behalf:**

I, **[FULL NAME]**, being the legal parent/guardian of **[MINOR’S FULL NAME]**, confirm that I have read this waiver and release form in its entirety and have made every effort to ensure that I understand the risks involved with horse riding.

I hereby consent that they participate in this session, and I acknowledge that there is the potential for serious injury, illness, property damage, and even death.

I agree that in the event of any such accident or occurrence, **[CENTRE NAME]**, the organisation, its instructors, staff, contractors and managers will not be held liable whatsoever, with the only exception being any rights that arise as per any applicable local, state or federal consumer laws.

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