



Equine Performance & Rehabilitation Solutions

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Indemnity Form

RELEASE AND WAIVER OF LIABILITY

Name of Rider: _____

Name of Guardian, if rider under 18 years: _____

Address (street): _____

Suburb: _____

State: _____

Post Code: _____

Email: _____

Telephone: _____

Mobile: _____

DOB: _____

Emergency Contact & Number: _____

Riding Experience

☐ Very experienced ☐ Less than 50 hours ☐ less than 20 hours ☐ never ridden

Details: _____

Dangerous Recreational Activity Warning

Horse riding is a dangerous recreational activity; people undertaking horse related activities, including but not limited to the mounting, riding, walking, dismounting, grooming, training, feeding and otherwise being in the physical proximity of horses have a higher risk of **serious injury** or **death**. Horses are animals and all animals can act in a sudden and unpredictable way, especially when frightened or hurt. The participant acknowledges that participation in horse related activities is at the participant's own risk.

The participant agrees:

- Not to drink alcohol or take drugs prohibited by law before or during horse related activities;
- To ride the horse in a safe and controlled manner;
- To wear an approved helmet and footwear at all times;

- follow instructions from Staff at Equine Performance & Rehabilitation Solutions;
- authorise the Staff at Equine Performance & Rehabilitation Solutions to administer first aid and call an ambulance if necessary for the medical attention of myself/my child; and
- Agree to bear any cost thereby incurred.

Effect of this Document (to be signed by a parent/guardian if under 18)

I have had sufficient opportunity to read this release and waiver of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand that my signature to this document constitutes a complete and unconditional release of all liability of Jacinda Moss (trading as Equine Performance & Rehabilitation Solutions), including all of its public officers, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Signed:

Full Name:

Date:
