

SA.S EQUESTRIAN

RELEASE AND WAIVER OF LIABILITY

Full Name of Rider (and Guardian if under 18years) _____

Address _____

Phone Number _____ Date of Birth _____

Email Address _____

HORSE RIDING IS A DANGEROUS ACTIVITY

I the undersigned, 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.

I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse riding activities. I agree that I **RIDE/PARTICIPATE** at my own risk.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and take full responsibility for any injury. I agree not to drink alcohol or take drugs prohibited by law before or whilst riding.

Safety/Conduct

I agree to wear a safety approved helmet at all times whilst riding and that I am solely responsible for ensuring that I wear a suitable helmet at all times whilst riding and take sole responsibility for my actions. I agree to follow any directions of the ride leader/instructor and that any misconduct or refusal by me to do so will result in the immediate removal from my horse **NO MATTER** where that may occur and cancellation of any further riding now or in the future with all fees being non refundable.

Liability

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless and agree not to sue SA.S Equestrian, Sallyanne Slater or other participants (all of whom are referred to as "Releasees") with respect to any injury, disability, death or loss or damage to person or property, whether caused by negligence of the releasees or otherwise.

Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or the participants under my care, suffering injury or death.

Emergency Contact

In the event of a serious injury to horse or human, SA.S Equestrian will contact Ambulance Victoria, and/or call for veterinary attention on your behalf. By signing this waiver you accept all these conditions.

In case of emergency please contact _____ Phone _____

(Relationship to Rider) _____

Signature of Rider/Guardian _____ Date _____