

SYDNEY EQUINE ASSISTED SERVICES PTY LTD

t/as

## WYEE EQUINE LEARNING AND LIFESKILLS

### Release And Waiver Of Liability Assumption Of Risk And Indemnity Agreement - **ADULT**

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Name of Emergency Contact & Relationship: \_\_\_\_\_

Level of Horse Skills (tick where appropriate):

Never ridden or been around horses

Less than 20 hours riding/horse experience

Less than 50 hours riding/horse experience

Very experienced

I, the undersigned, in consideration for being permitted to participate in any way in equine activities, acknowledge and accept that:

- Equine activities can be a dangerous recreational activity and horses can act in a sudden and unpredictable way.
- There is a significant risk that serious injury or death may result from horse riding and associated activities and freely assume all such risks, even if arising from the negligence of the Equestrian Australia registered Coach and/or other coaches, instructors, or educators providing services at Wye Equine Learning and Lifeskills (WELL).
- I voluntarily participate at my own risk, and assume sole responsibility for any injury, death or property damage I may suffer.
- I understand and acknowledge the dangers associated with and agree to not consume alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption.
- I will follow the directions of the Coach, instructor, or educator, and understand that any misconduct or refusal by me to follow these directions can result in the cancellation of my participation and my immediate removal from my horse and/or the equine environment no matter where that may occur. I understand that any such non-compliance may result in injury, death and or permanent disability and I agree to indemnify Equestrian Australia and/or other coaches, instructors, or educators providing services at WELL against all claims made by any person as a result of my failure to comply.
- I agree to wear a helmet at all times whilst riding where this is required under the relevant EA and FEI rules and regulations and agree that I am solely responsible for my actions.

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 WELL or their instructors, officers, officials, volunteers, agents and/or employees, participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities with any respect to and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of these parties or otherwise.

Effect of this Document I have had sufficient opportunity to read this release of liability and assumption of risk agreement, 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 WELL or their instructors, officers, officials, volunteers, agents and/or employees, participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

I have informed WELL of the following health issues, including allergies that may be relevant to horse sport activities:

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I hereby grant permission to WELL to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of WELL:

Yes  Yes, but with face concealed/blurred  Yes, but only photos I approve  No

Date ...../...../.....

Signature of Participant (18 or over)

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