



Whitsunday Regional Endurance Riders Association Inc.

CONSENT FORM For Horse Riding Activities

PARTICIPANT LIABILITY RELEASE & EXPRESS ASSUMPTION OF RISK

READ THIS FIRST

Horse riding involving the riding of horses when performed correctly, applying correct techniques, is very safe. When established safety procedures are not followed, however, there are dangers. The purpose of this document is to inform you of some potential risks involved with horse riding and of the conduct required of you during the activities. Your signature on this form is required in order to participate in the horse riding activity.

Please read carefully, fill in the blanks and initial to the left of each numbered paragraph before signing.

I, _____, of _____
Participant Name *Address*

Address

hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of horse riding activities.

In particular, I acknowledge that I have been advised:

Initials

- ____ 1. That horse riding involves certain risks of friction burns, fractures, concussion, and other impact injuries and that such injuries may result in death or serious disablement.
- ____ 2. That the injuries of the type referred to in 1 above may require treatment in a medical facility or hospital.
- ____ 3. That horse riding activities may be conducted at a site that is remote either by time and/or distance from a medical facility or hospital.
- ____ 4. That horse riding activities are physically demanding activities, and in such susceptible individuals may cause heart attack, panic or hyperventilation.
- ____ 5. That horse riding activities involves the use of equipment that may malfunction, giving risk of death or disablement.
- ____ 6. That horse riding activities necessarily involves exposure to the natural elements including but without limiting the generality hereof storm, tempest, wind, sun, loose rock or wild animals. Such exposure brings with it attendant risk of death or disablement.
- ____ 7. I further state that I will listen carefully to directions and respect the advice of those supervising my horse riding activities.
- ____ 8. I further acknowledge that I have been advised of the risks associated with horse riding activities. I wish to undertake the activity with the WHITSUNDAY REGIONAL ENDURANCE RIDERS ASSOCIATION INCORPORATED and hereby release and hold harmless WHITSUNDAY REGIONAL ENDURANCE RIDERS ASSOCIATION INCORPORATED from any suit, demand or claim arising as a consequence of death or injury received by me during my participation in the said activity.
- ____ 9. I further acknowledge that I have been advised by the principles, servants, and/or agents of WHITSUNDAY REGIONAL ENDURANCE RIDERS ASSOCIATION INCORPORATED of the risks associated with horse riding. And to the extent permitted by law, hereby release and hold harmless WHITSUNDAY REGIONAL ENDURANCE RIDERS ASSOCIATION INCORPORATED, it's principles, servants and/or agents and/or land holders and custodians from any suit, demand or claim arising as a consequence of death or injury received by me during participation in the said activity, or during my participation in horse riding activities following completion of said activity.
- ____ 10. I acknowledge that I have been advised of all the risks to do with horse riding and I agree that I choose / refuse (cross out the word not needed) to wear a helmet.
- ____ 11. I further acknowledge that this document may be relied upon in any proceedings instituted in any Court by me, my heirs, executors and assigns.

Signature of Participant: _____
Signature *Date*

Signature of Parent/Guardian: _____
Signature *Date*