

DAVID SIMONS TRAINING PTY LTD

TRAINING THAT WORKS

“Costalot Park” 185 Murradoc Road, Drysdale Vic 3222

Ph: 03 52531504 0419 343409

LIABILITY RELEASE FORM

- ✓ I agree to disclose any pre-existing medical or other condition that may affect the risk to others or myself.
- ✓ I acknowledge that horse riding is an inherently dangerous activity. I recognize that there are risks specifically associated with the activity, some of which include the unpredictability of animals especially if they are frightened or hurt, no matter how well trained they are; sudden and unexpected weather changes.
- ✓ I agree to be familiar with and comply with all the rules and direction given by David Simons Training Pty Ltd in connection with riding or tending my horse.
- ✓ I accept the risk associated with the activity including the possibility injury, death, loss or damage.
- ✓ I agree to indemnify David Simons Training Pty Ltd against all claims made by other person against David Simons Training Pty Ltd in respect to any injury, loss or damage arising out of or in connection with the failure of myself to comply with David Simons Training Pty Ltd’s rules and/or directions.
- ✓ I agree and acknowledge that, to the extent permitted by law, David Simons Training Pty Ltd shall not be liable for any injury, loss or damage suffered by myself or by any other person arising from or in connection with my participating in riding, whether such injury, loss or damage was caused directly or indirectly by the negligence of David Simons Training Pty Ltd or otherwise. I hereby release David Simons Training Pty Ltd from all such claims, and indemnifies David Simons Training Pty Ltd against all claims made by or on behalf of any such persons.
- ✓ I agree to report all incidents, injury, loss or damage to David Simons Training Pty Ltd in writing at the first possible moment after the injury occurs and before I leave the property.
- ✓ If I suffer an injury or illness, I agree that David Simons Training Pty Ltd may provide evacuation, first aid and medical treatment at my expense and my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid or medical treatment.
- ✓ I ACKNOWLEDGE THAT I HAVE READ THIS LIABILITY RELEASE FORM AND THAT, IF REQUESTED, IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIBILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

NAME : DOB:/...../..... Phone No.

ADDRESS: Mobile No.

EMAIL:.....

EMERGENCY CONTACT:

NAME: PHONE No.:

HORSE:

NAME: AGE..... BREED

VET in case of emergency:PHONE No:

RIDING EXPERIENCE: (Please circle) Beginner Novice Intermediate Experienced

Are you covered in the Ambulance Scheme? Yes No Member No.....

Are you allergic to any medications: Yes No Details

Are you a member of EFA/HRC/V/PCAV or (Please circle) Member No.

I agree not to ride under the influence of alcohol or mind-altering substances.

I agree to wear an approved riding helmet and appropriate riding attire at all times

I have read and understand all of the above and also the rules of David Simons Training Pty Ltd and will abide by them.

SIGNED: _____ DATED: _____

IF UNDER 18 YEARS OF AGE THEN A PARENT OR GUARDIAN MUST SIGN THIS DOCUMENT
NAME & Signature (Parent/Guardian) Phone No.