



WAIVER FORM FOR VISITORS (ACKNOWLEDGEMENT OF RISK)

As a condition of my accepting to ride at the REP I hereby acknowledge that I ride at my own risk and that I am aware that activities involving horses can be hazardous and that the servants, agents, representatives or volunteers accept on responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of participating whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that the safety precautions undertaken are a service to me and other riders but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up, buck or bite. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, including ambulance transportation that may be thought desirable during or after participating.

VISITOR'S DUTIES

1. I agree that I ride at my own risk.
2. I agree that I will not ride if I am under the influence of alcohol and/or drugs.
3. While the REA may also inspect the riding equipment from time to time, I agree that I will be ultimately responsible for checking my equipment, including the saddle, and if there are any problems, or the saddle becomes loose, I will tell an organizer immediately.
4. I agree to follow REA members instructions at all times.
5. I agree that as a condition of riding I must wear a helmet and suitable footwear.
6. I agree that I will be responsible for any injuries to my horse, damages to the premises, property owned by others, injuries to any riders or spectators, which I cause through neglect, reckless or irresponsible conduct.
7. I agree not to leave my horse/s unattended at any time unless my horse/s is secured in a horse stall.
8. I agree to control myself and my horse in a proper and reasonable manner.
9. I agree to pay due regard to all other riders and persons using the grounds.
10. I agree to follow the rules of the Association and any direction from the member and that any misconduct or refusal by me to follow the rules or a direction will result in my immediate removal from the grounds.

All minors (under 18 years) must have a parent or guardian sign this acknowledgement and indemnity for them. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all the terms and conditions stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND INDEMNITY. I UNDERSTAND IT AND VOLUNTARILY AGREE TO ALL OF ITS TERMS.

Privacy Statement – Privacy Act 1998

By completing this form you are supplying personal information about yourself. This information is needed to ensure your safety during the time you are here. We are required to collect this information by our insurance company and the Department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any other purpose that that which is stated above.

Print Name of Visitor:	Signature of Visitor:
Print Name of Parent/Guardian:	Signature of Parent/Guardian:

Address: _____

Date: _____ Date of Birth _____

Phone number: _____ Emergency Contact (name and number) _____

REA Member to Complete

As a condition of my bringing a visitor/s to ride at the REP I hereby acknowledge that I am responsible for the actions and behaviour of my visitors at all times whilst at the REP. I acknowledge that I must ensure my visitors comply with the REA Code of Conduct and Rules. I acknowledge that should my visitor/s wish to ride at the REP on more than three (3) occasions they must apply for membership of the REA. I acknowledge that I must accompany my visitors at all times.

Print Name of Member:	Signature of Member:
Print Name of Parent/Guardian:	Signature of Parent/Guardian:

PLEASE PLACE COMPLETED FORM IN THE BOX PROVIDED AT THE REP