



Awareness and Disclaimer Form

I hereby apply to ride and/or participate in the activities of Cobboboonee Horse Riding Pty Ltd on the following terms and conditions:

Name of Participant: _____ Age: _____

Address: _____ Town: _____ Pc: _____

Phone: _____ Mobile: _____

Email: _____

Approximate Height: _____ cm, Approximate Weight: _____ kg

Type of Ride or Activity provided (Circle Answer) Trail Ride, Lesson, Camp, Clinic, Other _____

Please Circle which best describes your riding ability?

Learner 0-5 Rides, Learner+ 5-10 Rides, Intermediate 10-50 Rides, Experienced 50-100 Rides, Advanced 100+ Rides

Approximately how many rides have you undertaken in the last 12 months? _____

Do you have any pre-existing medical condition or disability that may place you or any other rider or participant at risk?

Circle Answer: YES NO If the answer is YES please provide details on the rear of this form.

Participation Awareness and Disclaimer Terms and Conditions

If you have any questions or do not understand the below notice, please ask the Cobboboonee Horse Riding staff to provide you with an explanation

Cobboboonee Horse Riding Pty Ltd aims to provide customers, participants, guests, volunteers and spectators with enjoyable and fulfilling experiences with horses and other animals. These activities are varied and include horse riding, trail rides, instruction, clinics, camps, stable work, education, cart rides, pony rides and other animal related activities. It should be recognised that horse riding and working with animals has elements of risk. Animals behaviour can be unpredictable and accidents causing bodily injury, disability or even death can and does occur. Horses and other animals may act in an unpredictable manner particularly if they are startled, frightened, hurt or in any way mistreated. Even with the best planning, accident and the unforeseen can occur.

AS SUCH:

In signing this form I acknowledge that I have been made aware of the risks involved in working with and being around animals, that horse riding and participating in activities with animals can involve accidents causing bodily injury, disability and even death. In addition I acknowledge that personal property including (but not limited to) vehicles, mobile phones, sun glasses, clothing, etc may be damaged if an accident occurs.

I acknowledge that I am responsible for and I am willing to accept the risks involved in participating in the activities that involve horse riding and working with, and being around animals. **I agree that I will not hold** Cobboboonee Horse Riding Pty Ltd, nor its directors, owners, staff and instructors, nor will I hold any customer, guest, participant, volunteer, spectator, Parks Victoria official, Dept of Sustainability official, land owner or any other person involved in any of the events, as being liable in any way whatsoever for any injury, disability, death, loss or damage that maybe caused during the participation of an event or activity. I acknowledge that this does not exclude any of my rights I may have under the Trade Practices Act 1974.

I understand that I must wear an approved helmet and riding boots at all times while mounted on a horse.

Additionally, if I am participating in other activities, including those involving horses or other animals, I may be required to wear/use other equipment including safety gear.

I understand that I must obey the reasonable instruction and direction of Cobboboonee Horse Riding staff.

Signature of Participant: _____

If under 18 years, Signature of parent or guardian: _____

DATE: ____ / ____ / 20____.

Confidential Emergency Contact and Medical Information

Date of Birth: _____ / _____ / _____

Pre-existing medical conditions or disability: _____

Emergency Contact Name: _____

Their Relationship to you: _____

Emergency Contact Ph: _____ Mobile: _____

Emergency Contact Address: _____ Town: _____ Pc: _____

Do you have Ambulance Cover? YES / NO

If you answered NO, do you realise that ambulance attendance in Australia is not a free service and do you give permission for us to call an ambulance on your behalf (and at your expense) in case of an emergency?

YES / NO

(unfortunately people who do not authorise the attendance of an ambulance in an emergency will not be permitted to participate in the activities organised by Cobboboonee Horse Riding Pty Ltd.)

Please state if you have any other medical conditions or allergies or any other information that may be required to be known in the case of an emergency: _____

Signature of Participant: _____

If under 18 years, Signature of parent or guardian: _____

DATE: _____ / _____ / 20____.