



## **WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

***Horse riding is a dangerous activity and horses can act in a sudden and unpredictable manner, which may result in serious injury or death.***

By signing this form, I acknowledge that I recognise the inherent risks involved in riding, working and being in close proximity of horses and their environment including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by a horse.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animal's hay or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling or otherwise being injured in the arena, stalls or on the grounds, which may be slippery, muddy, wet, contain, or present other hazards.

### **IMPORTANT NOTICE**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE, WHICH MAY OCCUR AS A RESULT OF HORSE RIDING OR PARTICIPATION IN EQUINE ACTIVITIES AT PARKVIEW EQUESTRIAN CENTRE.**

**READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS INCLUDING, PARKVIEW EQUESTRIAN CENTRE CODE OF CONDUCT.**



I hereby forever waive and release Parkview Equestrian Centre and its principles and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses.

\_\_\_\_\_ (Initial)

By signing this agreement, I hereby acknowledge that although there maybe supervision on site Parkview Equestrian Centre its principles or agents bear no responsibility for my health or medical care.

\_\_\_\_\_ (Initial)

I agree to indemnify, save and hold harmless Parkview Equestrian Centre and its principles or agents from and against any loss, liability, damage, legal fees or costs that they may incur due to either my presence or participation at Parkview Equestrian Centre.

\_\_\_\_\_ (Initial)

Name of Rider \_\_\_\_\_

Name of Guardian (if rider under 18 years of age) \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone nos. \_\_\_\_\_

EA/HRC/V/PCAV Membership nos. \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Nos: \_\_\_\_\_

This agreement refers to you personally, any person in your care or minors under the age of 18 years and any other person in your group who may have accompanied you and is in the care of yourself or any other participant.

Date \_\_\_\_\_ Signature of Rider/Guardian \_\_\_\_\_