

CHAPMAN VALLEY HORSE RIDING  
**BRING YOUR OWN HORSE (FREE RANGE)**  
**RISK WARNING AND WAIVER**  
Horse Riding is a Dangerous Activity

I understand and acknowledge that horse riding is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially when frightened or hurt. I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse riding activities and in particular this ride/lesson. I agree that **I RIDE** my horse at my **OWN RISK**.

I understand that whilst the land owners, management and staff at Chapman Valley Horse Riding do their best to provide a safe environment for me to ride in, there are many uncontrollable factors in which could cause injury or loss to myself, my horse or my possessions. I understand that the terrain in which I ride is mixed farmland and natural bushland and therefore may be uneven, rocky and/or slippery. I agree to ride to conditions and use my own judgement when approaching obstacles. I understand that my horse can act in an unpredictable (changeable) way in new surroundings, but to the best of my knowledge my horse is generally well behaved and copes well with unfamiliar surroundings.

I understand that Chapman Valley Horse Riding is an actively running cattle farm and horse riding establishment, and therefore my horse may be exposed any of the following (but not limited to); cattle, horses, dogs, traffic (e.g cars, bikes), farm machinery (e.g tractors, slashers) and/or other loud noises (e.g chainsaws, mowers, naturally falling trees etc) and it is my responsibility to ensure my horse is appropriately prepared for these things and any other unexpected scenarios that may arise. I agree not to drink alcohol or take drugs prohibited by law before or during my time at Chapman Valley Horse Riding.

**CONDUCT**

I agree to follow the directions of the management/staff at Chapman Valley Horse Riding, and any misconduct or refusal by me to follow any directions by will result in the **CANCELLATION** of my riding fee and my immediate removal from the property **NO MATTER** where that may occur.

**Risk warning and acknowledgment**

Your participation in the recreational activities supplied by Chapman Valley Horse Riding may involve risk. The risks involved may result in personal injury including death. Prior to undertaking any such recreational activity, you should ensure you are aware of all of the risks involved, including those risks associated with any health condition you may have.

By signing below, you acknowledge, agree, and understand that participation in the recreational services provided by Chapman Valley Horse Riding may involve risk. You agree and undertake any such risk voluntarily and at your own risk. You also acknowledge that the risk warning above constitutes a 'risk warning' in accordance with the *Civil Liability Act 2002* (NSW).

**Exclusion, restriction or modification of rights under the *Australian Consumer Law (NSW)* and *Australian Consumer Law (Commonwealth)***

Under the Australian Consumer Law (NSW and Commonwealth), statutory guarantees apply to the supply of certain goods and services, including recreational activities.

It is possible for a supplier to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier because services provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing below, you agree that the liability of for any harm, including:

- death;
- physical or mental injury (including the aggravation, acceleration or recurrence of such an injury);
- the contraction, aggravation or acceleration of a disease;
- the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs:
  - that is or may be harmful or disadvantageous to you or the community,
  - that may result in harm or disadvantage to you or the community,
  - that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from

the supply of recreational services is excluded. By signing this document I give permission for Chapman Valley Horse Riding to use images of me in marketing and on social media. This waiver is valid for 12months from the below date.

**Please Tick one of the following::**

- I am hiring a helmet from Chapman Valley
- I have my own helmet, and I take full responsibility for the safety, structural soundness and care of the helmet. I certify that it abides by Chapman Valley's Accepted Helmets Policy, and that I have thoroughly checked that it is safe and fit for use.

Name of Rider (Print):..... Date:.....

Address:..... Date of Birth: .....

Tel:..... Occupation:.....

Signature:..... Witness (Name and Signature):.....

Signature of guardian if under 18 years .....

**Please turn over – there are two pages to this form**

# Confidential Riding Application and Medical History Form

- ▶ Rider's Name: \_\_\_\_\_  
 ▶ Contact Number: \_\_\_\_\_  
 ▶ E-mail Address: \_\_\_\_\_

I am applying to ride with Chapman Valley Horse Riding.

I agree to the following:

- ✓ I will only ride the horse in a safe and controlled manner
- ✓ I will wear an Australian Standard Approved helmet and the correct footwear at all times
- ✓ I will read and follow all signs on the property and follow all instructions
- ✓ The Instructor/Guide may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions

Riding Experience:

- ▶ Number of times the rider has ridden in the past 12 months: \_\_\_\_\_

- ▶ Use the chart to select your riding level. Please be honest!

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never been on a horse, or need to refresh on basics	Able to fully control at a walk	Able to walk and rise to the trot with full control	Able to walk, trot and canter with full control	Advanced riding skills (jumping, dressage, etc)
First Time Rider	Some Experience	Average Experience	Experienced	Very Experienced .

**Checked by:**  
(staff only)

- ▶ In the case of any emergency the following information is intended to assist:

**Name and telephone numbers of contact people:** \*\* Legal guardian details must be provided if rider is under 18 years of age

Emergency Contact Name	Relationship to rider	Mobile Ph	Home Ph	Work Ph

- ▶ Are there any learning difficulties that need to be discussed, so the Instructors/Guides are able to accommodate accordingly? \_\_\_\_\_

- ▶ **Do you (or your child) suffer from any of the following?**

**Please tick:** Any pre-existing medical or other condition that may affect or risk other persons or myself.

<input type="radio"/> Asthma	<input type="radio"/> Diabetes	<input type="radio"/> Epilepsy/Fits	<input type="radio"/> Fainting	<input type="radio"/> Blackouts	<input type="radio"/> Disability	<input type="radio"/> Back Injury
<input type="radio"/> Heart Condition	<input type="radio"/> Blood Condition	<input type="radio"/> Pregnancy	<input type="radio"/> Dizziness	<input type="radio"/> Migraines	<input type="radio"/> Uneven Pupils	<input type="radio"/> Knee Injury
<input type="radio"/> Recent Injury	<input type="radio"/> Allergic Reactions	<input type="radio"/> Other				

If you have ticked any of the above, please elaborate: \_\_\_\_\_

- ▶ **Allergies** - Please describe allergy and reaction \_\_\_\_\_

### Medication

- ▶ Are you currently on any medications?  No  Yes

(If yes, please list Name of Drug(s), Frequency & Dosage)

- ▶ Is it necessary for you or your child to carry their own medication at all times?  No  Yes

### Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT.

- ▶ Year of last tetanus immunisation: \_\_\_\_\_

### Consent To Medical Attention

I authorise the instructor in charge to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

#### Privacy Statement – Privacy Act 1998

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

▶ \_\_\_\_\_

Signature of Rider (only if rider is **over 18 years**)

▶ \_\_\_\_\_

Signature of Legal Guardian (if rider is **under 18 years old**)