

PARENTAL INDEMNITY AND WAIVER

This document is a deed poll in favour of Chapman Valley Horse Riding (**Supplier**) and its officers, employees, representatives, agents, contractors and volunteers (**Personnel**).

I, the undersigned, am aged over 18 years of age and am a parent or legal guardian of the above named (**Participant**)

I consent to the Participant attending Chapman Valley Horse Riding (the **Centre**) for the activities of horse riding, including participating in the events and activities offered by the Supplier or otherwise in connection with it (**Activities**).

I acknowledge and agree:

- ✓ that the Participant and I have read and understood the Centre's rules and any other rules applying to the Activities;
- ✓ that the nature of the Activities may include horse riding, handling horses, sporting activities and anything else related to horses or farm work, and that risks may arise during these and other Activities, including the risk of Personal Injury (as defined below);
- ✓ 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.
- ✓ that the Supplier and its Personnel would be unable to feasibly operate the Centre if they were liable for such risks; and
- ✓ that the Participant attends the Centre and participates in all Activities at my own risk.

I indemnify SUPPLIER and each of its Personnel against any and all losses, costs, damages, expenses and liabilities (including legal costs on a full indemnity basis) sustained or incurred by SUPPLIER or any of its Personnel in connection with:

- ✓ any claim, action, demand or proceedings (whether based in contract, tort (including negligence) or otherwise) by any person in relation to any Personal Injury occasioned by the Participant at, or as a result of, the Centre, or in the course of, or as a result of, any Activities;
- ✓ any failure of the Participant to follow any rules of the Centre or any directions given by SUPPLIER or its Personnel; or
- ✓ any act or omission of the Participant at the Centre or in the course of any Activities which causes or contributes to Personal Injury to any person.

In this deed poll, a reference to **Personal Injury** includes: 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 the person who suffers it or the community, or
- ✓ that may result in harm or disadvantage to the person who suffers it or the community.

I agree that in the event of the Participant being involved in an accident, becoming ill, or otherwise requiring medical treatment or care, SUPPLIER or its Personnel may, in their absolute discretion, obtain medical treatment for the Participant and that I must pay all expenses incurred in obtaining such medical treatment or care.

Signed, sealed and delivered as a deed poll by parent or guardian of Participant who is under 18 years:

Please Tick one of the following::

My child is hiring a helmet from Chapman Valley

My child has their 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 : _____ Age: _____

Date of Ride: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Email (Parent/Guardian): _____

Address: _____ Ph: _____

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 18years**)

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