



**Liability Waiver Form  
Exclusion of Certain Rights To Sue**



The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgement of the terms and conditions of this agreement. By signing this form, you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name of Provider: HOPE REINS INC

Address of Provider: 727 EEL CREEK ROAD, LANGSHAW QLD 4570

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The Participant also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:

EXAMPLES – Horse riding, arena instruction, horse training, clinics, horse care, farm chores, water activities including swimming, games

Steps taken to avoid the danger of personal injury or death by:

EXAMPLES OF RISK CONTROLS: Qualified staff, trained staff, staff participant ratio compliant with the Industry Standard, adherence to industry code of practice, emergency procedures in place, contingency plans in place for emergencies, staff qualified in first aid, communication procedures in place.

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider, its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate and seek help and/or assistance and advice.

**Declaration and signature**

By signing this agreement, I understand that the Recreational Services about to be sold to me as set out in this form may cause my and or my dependents personal injury or death. By signing this agreement, I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants' personal injury or death that result from any negligence caused by the Provider.

Signature of Participant

Date:

Print Name:

Address:

Signature of Legal Guardian (If participant is U/18)



# Hope Reins Inc

## Confidential Riding Application and Medical History Form

Participants Name: \_\_\_\_\_ Participants date of birth: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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 correct footwear at all times

I will read and follow all signs and instructions

Riding Experience: The number of times the rider has ridden in the last 12 months \_\_\_\_\_

Please indicate below the number of times the rider has ridden in total.

<input type="checkbox"/> 0-10 Little experience	<input type="checkbox"/> 10-20 Some experience	<input type="checkbox"/> 20-50 Average experience	<input type="checkbox"/> 50-100 Experienced	<input type="checkbox"/> 100+ Very experienced
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### Emergency Contacts (legal guardian details must be provided if participant is under 18 years of age)

Contact Name	Relationship	Mobile	Home

Is there any information Hope Reins Instructors / leaders should be aware of in order to make the time for the participant more rewarding? \_\_\_\_\_

Do you (or young person) have any health conditions e.g. asthma, diabetes, allergies, epilepsy, back injury

that we need to be aware of and that may affect or risk another person or themselves?  No  Yes

Please describe: \_\_\_\_\_  
\_\_\_\_\_

### Tetanus Immunisation:

It is particularly important that people in the environment of horses are immunised against tetanus. Tetanus is normally given at 5 years of age as Triple antigen or CDT and at fifteen years of age as ADT.

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

### Medication:

Is it necessary for you (or young person) to carry their own medication at all times? \_\_\_\_\_

Name of drug: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

### Consent to Medical Attention:

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

I would like to receive the newsletter

I give permission for my photo (or the photo of the participant) to be taken for use of promoting Hope Reins

### Weight Range

Under 40kg	40kg – 60kg	60kg – 80kg	80kg – 110kg	110kg +
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\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Legal Guardian (if participant is U/18)

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.