



Risk Warning and Waiver of Liability

Name of Provider ¹	Hope Reins Inc		
Address of Provider	727 Eel Creek Road Langshaw	State: QLD	Postcode: 4570
Name of Participant			
Address of Participant		State:	Postcode:

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

Description of Activities²: Examples, but not limited to, Horse riding, arena instruction, horse training, clinics, horse care, farm chores, water activities including swimming, games and fundraising activities and events

Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

¹ Provider includes the officers, employees, agents, contractors, franchisees and assigns of the Provider.

² Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familiarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.

I declare that I have not consumed any alcohol or mind-altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

Waiver

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth) and the *Australian Consumer Law*) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) 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 in relation to an individual:
 - (i) That is or may be harmful or disadvantageous to you or the community; or
 - (ii) That may result in harm or disadvantage to you or 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 the recreational services or recreational activities is excluded.

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the Provider for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is excluded.

Declaration and Signature

I have read carefully and understand this risk warning and waiver of liability and sign it freely and voluntarily without inducement of any kind.

Signature of Participant:		Date:	
Signature of Witness		Date:	

For Participants under age 18

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: _____ Date: _____

Name (Print): _____

Signature of Witness _____ Date: _____



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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Weight Range

Under 40kg	40kg – 60kg	60kg – 80kg	80kg – 110kg	110kg +
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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

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.