

Mt Crawford Dressage Club (MCDC)

Indemnity Waiver and Release Form for Horse Riding Activities for minors aged 5years and over

This Indemnity Waiver and Release Form is entered into by and between the undersigned parent or legal guardian and MCDC located at 100 Cowell Rd, Mt Crawford 5351 SA, for the participation of the minor child named below in horse riding activities organised by the club.

PARTICIPANT INFORMATION

Minor's Full Name: _____

Date of Birth: _____

Parent/Guardian Full Name: _____

Parent/Guardian Contact Number: _____

Emergency Contact Name and Number: _____

ACKNOWLEDGEMENT OF RISKS

The parent/guardian acknowledges that horse riding and related activities, including but not limited to riding, grooming and handling horses, involve inherent risks and dangers. These risks include, but are not limited to –

- Falls from horses, which may result in injury or death
- Collisions with other horses, objects or persons
- Unpredictable behaviour of horses, including bucking, rearing or bolting
- Environmental hazards, such as uneven terrain or weather conditions
- Allergic reactions, injuries from equipment or other unforeseen incidents

The parent/guardian understands that these risks cannot be eliminated, even with proper supervision, instruction and safety equipment, and accepts these risks on behalf of the minor.

RELEASE AND INDEMNITY

In consideration of the Minor being permitted to participate in the horse riding activities, the parent/guardian, on behalf of themselves, the Minor, and their heir, executors, administrators, hereby releases, discharges, and agrees not to sue the MCDC, its volunteers, property owners, employees, agents or affiliates (collectively Released

Parties) from any and all claims, demands, damages, injuries, losses, or liabilities arising out of or related to the Minor's participation in the horse- riding activities, whether caused by the negligence of the Released Parties or otherwise, to the fullest extent permitted by law. Parent/guardian also agrees to indemnify and hold harmless the Released Parties from any claims, costs, or liabilities, including reasonable attorney fees arising from the Minor's participation in the activities.

PARENTAL CONSENT

The Parent/Guardian represents that they have the legal authority to execute this Waiver on behalf of the Minor. The Parent/Guardian confirms that the Minor is at least 5 years of age and has no medical conditions that would prevent safe participation in horse riding activities, unless disclosed in writing to the MCDC prior to participation.

SAFETY COMPLIANCE

The Parent/Guardian agrees that the Minor will follow all safety instructions provided by the MCDC, including wearing of appropriate safety gear (e.g. current EA approved helmets) and adhering to all rules and guidelines during the activities.

EMERGENCY AUTHOURISATION

In the event of an emergency, the Parent/Guardian authourises MCDC representatives to secure medical treatment for the Minor if the Parent/Guardian or emergency contact cannot be reached. The Parent/Guardian agrees to assume all costs associated with such treatment.

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, the Parent/Guardian acknowledges that they have read, understood, and voluntarily agree to the terms of this Waiver. This Waiver shall remain in effect for all horse-riding activities in which the Minor participates with MCDC unless revoked in writing.

SIGNATURE OF PARENT/GUARDIAN :

DATE: _____

