

RELEASE AND WAIVER OF LIABILITY

I understand and acknowledge that horse riding is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if 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 not to drink alcohol or take drugs prohibited by law before or during this ride.

I agree that **I RIDE / PARTICIPATE** at my **OWN RISK**.

Name: _____ (and guardian if rider under 18 years)

Event _____ **Location** _____

Date _____ **E-mail** _____ **Ride / Audit** (please circle one)

Conduct

I agree to follow the direction of the ride leader/instructor and that any misconduct or refusal by me to follow any direction of the ride leader/instructor will result in the **CANCELLATION** of my riding fee and my immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear a helmet during the lesson/ride. YES NO

Health

I am in good health and I have no physical disabilities)
OR) Strike out whichever is inappropriate
 I have the following physical disabilities)

Address: _____

Phone: _____ Date of birth: _____ Occupation: _____

Riding Experience (tick box where appropriate)

Achieved:- _____ Years of riding experience:- _____
 Getting Started Level 1 Level 2 Level 3 _____

Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors of **Quantum Savvy**. To the greatest extent allowed by law in the event of me and /or the children under my care, suffering injury or death.

Dated: ____/____/____ Signature of rider / guardian _____

Duty of Proprietors of Quantum Savvy

The proprietors of Quantum Savvy will exercise due care and skill in ensuring each rider is with a suitable horse and will conduct the lesson / ride keeping in mind the welfare and safety of the rider (Section 74 Trade Practices Act).