

Application to Ride

Conduct

I agree to follow directions 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 **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.

Health

I am in good health and I have no physical disabilities) Strike out whichever
Or) one is inappropriate

I have the following disabilities: (eg. asthma, sore back, allergies to animals, plants or food, epilepsy, anything we should know etc.).....

.....

Name of Rider and Guardian:.....

Date of Birth

Riding Experience: (tick where appropriate)

Very Experienced Less than 50 Hours Riding Experience
Less than 20 Hours Riding Experience Never Ridden

Details of riding experience:.....

.....

I acknowledge that I can prior to signing this document cancel my ride and receive a full refund for any monies already paid or the value of the gift certificate received should I not agree with the above conditions.

Please tick if you would like to be supplied the following for your ride:

Oilskin Coat Riding Boots Saddle Bag (for camera etc..)

*Privacy Act: **Watson's Mountain Country Trail Rides** gives assurance that any personal information, including medical details gathered in from this form will remain confidential, and will only be used for the purposes for which it was collected. The material will be destroyed as soon as it is no longer required.*

**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 acknowledgment 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 and address of Provider

***Watson's Mountain Country Trail Rides
296 Three Chain Road
Boorolite VICTORIA 3723***

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 participants 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

Trail Riding

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

Only accredited AHSE (Association of Horsemanship, Standards and Education) lead guides are used. Fully accredited AHSE site. Bi-monthly equipment checks, Adherence to HorseSafe code of Practice, Level 2 First Aid qualified staff, emergency procedures in place, contingency plans in place for emergencies. 2-way radio and mobile phone communication on each trip.

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 difficult 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 dependants 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

Printed Name

Date

Address

State _____	PostCode _____