

Providers: Kangaroo Valley Horses, Riverstone Banks & Hallelujah Stud, Kangaroo Valley, NSW, 2577

Full Name of Rider: ..... Age: ..... (if under 18 years)

I am applying to ride with the Centre: Riverstone Banks and Hallelujah Stud of Kangaroo Valley Horses and I agree to the following:

- I will only ride the horse in a safe and controlled manner. I am not under the influence of alcohol or illicit drugs.
- I will wear an Australian Standard Approved helmet and the correct footwear at all times.
- I will read and follow all signs on the Centre’s property and follow all the Centre’s instructions.
- I authorize the Centre to administer first aid and call an ambulance if necessary for myself/child in my care.
- I consent to being evacuated and will accept first aid and medical treatment if I/child in my care, become injured or ill.
- I agree to pay for any such evacuation and/or for the provision of first aid or medical treatment.
- The Centre may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions.
- I understand that being around horses, horse riding, and any activities on or around the property can be dangerous.

**Riding Experience**

Please state the number of times the rider has ridden in the last 12 months:

**CIRCLE the number of times the rider has ridden in total:** (Please take care to answer correctly for YOUR/CHILD’S SAFETY)

0-10	10-20	20-50	50-100	100+
Beginner rider	Some experience	Capable in walk & trot	Controlled in a canter	Very experienced rider

**The following information is intended to assist the Centre in case of emergency.**

Emergency Contact Name	Relationship to Rider	Phone number	Mobile phone number

**Please CIRCLE any of the following conditions affecting the rider:**

Asthma	Diabetes	Epilepsy / Fits	Fainting / Dizziness	Blackouts/Migraines	Physical Disability
Pregnancy	Recent Injuries	Eye sight conditions	Back problems	Heart condition	Intellectual Disability

Other conditions please specify:.....

**Medication:**

Is it necessary for the rider to carry their own medication at all times? YES / NO If yes please complete the following:

Name of Drug:	Dosage:	Frequency of dosage:
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**Allergies :** Please describe: .....

**Tetanus:** This section is for riders attending ongoing lessons and not for one off trail rides. People dealing with horses are advised to be immunised against Tetanus. Year of last tetanus immunisation if applicable :.....

**ACKNOWLEDGEMENT AND CONSENT:**

I have read carefully the Liability Waiver Form and the Rider Application and Medical History Form I understand them and voluntarily agree to abide by all of the terms. I understand these terms and conditions apply every time I and/or the minor stated above participate with horse riding and associated activities. I fully understand and accept that I myself and/or the minor stated above ride at my own risk and I hereby release and indemnify Riverstone Banks, David and Deborah Banks, Hallelujah Stud, Vanessa Hartley, Kangaroo Valley Horses and their agents and representatives from all claims of any description arising in connection with any injury, death, damage or loss. I acknowledge that the Centre relies on the information provided by me in these forms/contracts and I hereby state that all such information is accurate and complete.

Signature of the Applicant ..... Date.....

Signature of the Parent/Guardian..... Date.....  
(If rider is under 18 years of age)

Full name of the Rider/Parent/Guardian.....

Address..... Post Code.....

Email – please print clearly - ..... Mobile phone.....

**EXCLUSION OF CERTAIN RIGHTS TO SUE**

The Providers:

**Kangaroo Valley Horses, Riverstone Banks, Hallelujah Stud, David and Deborah Banks, Vanessa Hartley and their representatives of Budgong, Kangaroo Valley, NSW**

The purpose of this agreement is to limit the liability of the providers to exclude liability for any personal injury, death, damage or loss 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 providers for losses relating to personal injury, death, damage or loss of property. Under the provisions of the Trade Practices Act and various State Laws and conditions are implied into contracts that mean that the Providers of the Recreational Services, noted above, are required to ensure that the Recreational Services they sell 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 sellers.

The participant acknowledges that the activities being undertaken are activities being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical and psychological risks associated with horse riding and its associated activities some of which include: the unpredictability of animals (especially if they are frightened or hurt no matter how well trained they are); the remoteness of the area in which the recreational activities takes place; sudden and unexpected changes in weather; unexpected rabbit and wombat holes in the land potentially dangerous to both horse and rider; poisonous snake and spider bites, falling branches and trees; physical exertion for which the horse rider or the horse may not be prepared; difficulties in evacuation if the horse rider or the horse becomes disabled.

The provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for the participation in recreational activities, or training a person to participate in recreational activities, or supervising, adjudicating, guiding or otherwise assisting a persons' participation in recreational activities. The Participant hereby acknowledges that in attending the recreational activities there are inherent risks involved to him or her or other people in their care and control. The participants also acknowledge that the purpose of the recreational activities are 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 people in his or her care and control.

Recreational Services provided: Horse Riding, Trail Riding, Riding Lessons, Horse Handling and Training, Horse Shows, Horse Riding Camps, Gymkhanas, Horse Agistment and corporate Rides

The participant acknowledges that during all times while he or she is attending the Recreational Services and Activities he or she and the people in his or her care and control 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 or representatives liable for any personal injury, loss or damage or breach of contract whether caused by the negligence of the Provider, its employees, agents or representatives 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. The participant agrees to be responsible for the checking of equipment such as saddle, girth and bridle and to follow the providers instructions at all times; to be responsible for any injuries to rental horses, damages to premises, property owned by the participant and others; injuries to any riders or pedestrians which the participant may cause by neglect, reckless or irresponsible conduct.

**Declaration and Signature**

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

The participant acknowledges that the Providers rely on the information provided by the participant and states that all such information is accurate and complete. The Providers reserve the right to cancel the ride/lesson/activity at any time before or during the activity.

**Signature of the Participant .....**

**Signature of the Parent/Guardian/Carer if the Participant is under 18 years .....**

**Please print your Full Name..... Date.....**

**Address :.....**