

APPLICATION TO RIDE

I hereby apply to ride on the terms and conditions following:



				900000010000000000000000000000000000000			
NAME OF RIDER:	(Please Print)		AGE:	Over 18 Tick Box			
ADDRESS:							
TELEPHONE:		(Home)	(Work)	(Mobile)			
EMAIL ADDRESS:							
HELMETS:	To current Australi	ian Standard or equival	ent (Approved Helmet)	are COMPULSORY.			
	Own Helmet		Helmet Requir	rod			
RIDING EXPERIENC			remot nequi	eu			
		as ridden in the past 12 mo	onths				
Please tick the appropr	iate box below to indica	ate the number of times the	rider has ridden in total.				
,			_				
0-10	10-20	20-50	50-100	100+			
Little Experience	Some Experience	Average Experience	Experienced	Very Experienced			
A Minor is a person u A Disabled Person is	any person with a phy	ysical or mental disability	y				
Please tick if the rider is:		A Minor	Disabled				
If disabled, nature of disabi	ity:						
 Horse riding and A Recreational A enjoyment, relax or in any pursuit Horse riding is a specific section. Approved Helm The provider of the recreational An Obvious Risk the participant. (a) Obvious risk 	d other activities of this Estactivity is an activity under cation or leisure or any put or activity for enjoyment, a dangerous activity. The let MUST be worn on all if the recreational service is activity as a result of the circuits a risk that, in the circuits	stablishment set out hereund rtaken for the purpose of any ursuit or activity engaged in a relaxation or leisure. rider recognises there is an a rides. Is not liable for any personal i materialisation of an obvious umstances, would have been atent or matters of common l	obvious to a reasonable pers	a 'recreational activity'. engaged in for narily engage in sport es. voluntary participant in			
The Establishme	ent relies on the details pr	rovided, as to riding experier	nce and age in selecting hors I, as to the nature, habits and	ses. disposition of any			
9. The rider alone or uncontrolled	riding or galloping and wi	for the control of the horse partial only ride in a safe and corompanied by an instructor.	provided and its safety and ag ntrolled manner. Jumping is n	grees not to permit fast ot allowed unless			
10. The rider will no other than the sauthorised and	t permit the horse selecte elected rider to ride the ho accompanied by an instru	ed for their personal use to be orse or permit the doubling of actor.	e exchanged with other riders of any other person, including	children unless			
11. All accidents or before leaving the possible time the within 28 days of the second	injury to persons or dama ne Establishment. If this is ereafter or within seven (7 f the date of the injury, da	age to property or loss of eques not possible due to the injute of loss.	uipment must be reported to the ury then such report MUST be ury, damage or loss. Any clain	e made at the earliest			
 All instructions b 	by the Establishment staff	f MUST be observed.	o obeyed				
14 If any rider does	All directional and information signs situated on the property MUST be obeyed. If any rider does not comply with the conditions set out in this application or in the opinion of the Establishment, engages in misconduct, discourteous or hazardous riding, then the ride maybe cancelled by the Establishment and the						

This form of application need not be accepted by the Establishment and no reason need be given for its rejection.

Establishment need not refund any monies charged for the ride.

15.

- The recreational activities of this Establishment include, but are not limited to, the following: 16.
 - (a) Trial riding.

STAFF MEMBER

- (b) Traditional lessons such as dressage, show jumping and eventing, trekking, whether overnight or longer periods.
- (c) Camping, transportation of luggage, consumption of food prepared during the course of the Establishment's activities, the use of the Establishment's equipment of any nature whatsoever, shall not create any legal liability.
- The details in the boxes below may not be completed for each rider if the rider is one of a group in which case the details 17. will appear on the form for the group leader.

The rider acknowledges that recreational services supplied by the Establishment are

	a	ccepted at his	s/her own risk		
	Conditions stated on this n the recreational service		edge that they form the ent	irety of the Agreeme	ent for the entire
RIDER'S SIGNATUR	E (if over 18 years)		DATE		
		·			
RESPONSIBLE	PERSON'S ACK	NOWLEDGEM	ENT FOR A MINOR	OR DISABLE	D PERSON
A Res	ponsible Person is accom	any person who npanies a minor	has the care, parents or disabled person.	al responsibility	or
				8	
NAME: ADDRESS:	(Please Print)		DATI		
TELEPHONE:			(Work		
EMAIL ADDRESS:				·	
I, being the responsibl aware, in particular, of recreational activity.	e Person/Parent/Guardia the Legal Disability Disc	an of the rider, confi laimer for this Esta	rm that I have read this doo blishment and of the inhere	cument and that I han ntly dangerous nate	ave made the ride ure of the
I agree to indemnify the rider.	is Establishment regard	ing all legal liability	arising due to the participa	tion in the recreation	onal activity of the
SIGNATURE OF RESP	PONSIBLE PERSON/PAF	RENT/GUARDIAN	MICHAEL MENAPEOSIS	DATE	#1 3 THE HOLD
OTAET MEMBER	DATE	HOLIBS BATE	START TOTAL GROUP	NAME OF THE HC	DRSE ALLOCATED ·

RATE

HOURS

DATE