

## 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:**

WayneCaslickHorsesNaturally  
636 Banoon Rd  
COOLAH NSW 2843

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:** HORSE RIDING, HORSE HANDLING AND ARENA INSTRUCTION

**Steps taken by WAYNECASLICKHORSENATURALLY to avoid the danger of personal injury or death:**

Regular equipment inspections, staff trained and qualified, staff participant ratio compliant with the Industry Standard, adherence to industry code of practice, emergency procedures in place; contingency plans in place for emergencies; qualified first aid personnel available, communication procedures in place.

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 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.

**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 \_\_\_\_\_

## Confidential Riding Application and Medical History Form

NAME: .....(Rider). AGE:  (if under 18); Over 18  (check box)

CONTACT PHONE NUMBERS: .....

I am applying to ride at a venue arranged by WayneCaslickHorsesNaturally and I agree to the following:

- I will only ride the horse in a safe and controlled manner.
- I will wear an Australian Standard Approved helmet and the correct footwear at all times.
- I will read and follow all signs on the property and follow all instructions.
- The Instructor may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions.

### APPROVED HELMETS ARE COMPULSORY

Riding experience (1) The number of times the rider has ridden in the last 12 months.   
 (2) Indicate below 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

The following information is intended to assist WayneCaslickHorsesNaturally in case of any emergency with you/your child. Learning difficulties need to be discussed, so the Instructors are able to accommodate accordingly. Please describe any Learning Concerns if any.....

### Name and telephone numbers of contact people.

Emergency Contact Name	Relationship to rider	Home	Work	Mobile
*To be completed if rider is under 18				
	* Mother (full name)			
	* Father (full name)			
	*			

Do you (or your child) suffer from any of the following?  **NO (Tick if applicable)**

**Please circle** if any pre-existing medical or other condition that may affect or risk other persons or myself.

Asthma, Diabetes, Epilepsy / Fits, Fainting / Dizziness, Blackouts / Migraines, Disability,  
 Heart / Blood Condition, Allergic Reactions, Pregnancy, Uneven Pupils, Recent Injuries, Medications,  
 Other.....

### Allergies

Describe:.....

Describe reaction.....

### Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunisation.....

### Medication

Is it necessary for you or your child to carry their own medication at all times.

Name of drug:..... Dosage..... Frequency.....

### Consent To Medical Attention

I authorise the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of my child. I agree to bear any cost thereby incurred.

Signature of Rider/Parent/Guardian:..... Date:.....

Name of Rider/Parent/Guardian: .....

### Privacy Statement – Privacy Act 1998

By completing this form you are supplying WAYNECASLICKHORSES NATURALLY with personal information about yourself. This information is needed to ensure your safety during your time with us. WAYNECASLICKHORSES NATURALLY is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above