

TI TREE HILLS HORSE TREKS - TRAIL RIDING: Release & Waiver of Liability

TREK DETAILS (date/time/duration)

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. Any horse can bite, buck, kick, startle, trip or slip, etc. and put the rider or handler at risk. I affirm and recognise that there are **SUBSTANTIAL RISKS** involved in horseback riding and equestrian activities which include, but are not limited to, severe injuries resulting in permanent physical disabilities, bone and joint injuries, muscle strain and muscle injuries, brain injury, neurological damage and death.

I AGREE that **I WILL RIDE, HANDLE AND BE AROUND A HORSE OR HORSES** at my **OWN RISK**. I take liability for personal injury, property damage and wrongful death, however caused, arising from or related to the equestrian activities that I personally, or as parent (s) and/or guardian (s) of my child participate in, any instruction received, arising out of facilities and equipment, including the negligence of released parties, whether active or passive.

CONDUCT: I AGREE:

- To control myself and the horse provided for my use during my ride in a proper and reasonable manner and, in particular, to ride the horse in a proper and horseperson like manner;
- To be responsible for the well-being and safety of the horse provided for my use during my ride on the property and to not permit any other person to ride or handle that horse without the Operators prior permission;
- To pay due regard to the safety of all other riders and persons involved in the ride
- To follow the directions of the trail guide and that any misconduct or refusal by me to follow any direction of the guide will result in the **CANCELLATION** of my trail ride and fee and my immediate removal from the horse **NO MATTER** where that may occur.

OBLIGATIONS: I AGREE:

- To not drink alcohol or take drugs prohibited by law before or during any riding, lesson, horse handling.
- To immediately report to the instructor any injury to myself, my horse or the horse provided for my use during the lesson handling and the manner of the occurrence of such injury;
- To immediately advise the Operators of any loss or damage to any horse tack, equipment, saddle, bridle and/or any other equipment either owned by me or provided for my use during any ride/lesson/handling;
- To wear an approved horse riding helmet and enclosed foot wear during my lesson.

Completing and signing this form indicates you have read, understood, and agree to the risks involved with horse riding and agree to the above conducts and obligations.

****We need to ask if you suffer from/currently have:** Asthma, Diabetes, Epilepsy / Fits, Fainting / Dizziness, Blackouts / Migraines, Physical or Mental Disability, Heart/Blood Condition, Allergic Reactions (including to bee stings), Uneven Pupils, Recent Injuries, Medications, Pacemaker, Head Injury (last 8 weeks), Neck/Spinal injury. We also need to know if you are currently pregnant, or have any physical or mental health concerns (including anxiety), physical or learning disabilities.

If you do then please answer yes (Y) in the table below and then fill in a separate form so we can help you should any problems arise.

To ensure your safety and the safety of everyone on the trek we ask that you disclose any of the above mentioned situations to the head guide on the day at the very latest. Please be aware that if you don't disclose relevant information it could lead to complications on the trek and interfere with your safety on the horse. If this information is not disclosed to our head guide before the trek starts and causes a safety issues for yourself or others on the ride you may be asked to end your trek early.

TREK DETAILS (date/time/duration)

Completing and signing this form indicates you have read, understood, and agree to the risks involved with horse riding and agree to the above (on reverse of this form) conducts and obligations.

First Name	Surname	Age	Guardian Name	How frequently do you ride?	How many horse treks have you been on?	Health Concerns OR Allergy**	Injury, OR Disability, OR Learning needs**	Consent to give First Aid OR call ambulance	Emergency Contact Name and Number	Rider Signature (OR Guardian's if under 18 years)
		If under 18		Weekly (Wk), Monthly (Mth), A few times a year (Yr), Infrequently (InF), Never Ridden (NR)	50+ 30+ 10+ Never	Y/N	Y/N	Y/N		

Please note our aim is for you and everyone on your trek to have a safe and enjoyable experience, but your safety is our first priority. Please help us do our job by being honest about any injuries, disabilities, or health concerns.

We want to match you to the best horse for you and ensure you have a great time with us while out on a horse trek. To help us make the best call about what horse to put you on and what trails to take please be honest and open about your previous experience, including if you have had a riding accident or fright on a horse in the past, if you are nervous, or any other relevant experience.

We thank you in advance for your honesty and openness in all these matters and trust you will enjoy your time with us today.