

# Member Release and Waiver of Liability

Equestrian SA  
ACN 077 455 755 ABN 19 077 455 755



Full Name of participant (and of guardian if under 18 years).....

Address.....

State .....Post Code.....Date of birth.....

Name of Club/Organisation: NORTHERN DISTRICTS SHOW JUMPING CLUB INC

Membership No. ....

Address of Event / Activity ..... – Show Jumping.

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities. I knowingly and freely assume all such risks, both known and unknown, and **I voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations, and agree that I am solely responsible for ensuring that whilst participating I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations, and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: \_\_\_/\_\_\_/\_\_\_ Signature of rider \_\_\_\_\_

## For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: \_\_\_/\_\_\_/\_\_\_ Signature of guardian \_\_\_\_\_