

SA Equestrian Event Management Inc.

Casual Rider Release & Waiver of Liability

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

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Address:

State:Post Code:Date of birth:

Name of Club/Organisation: **SA EQUESTRIAN EVENT MANAGEMENT Inc.**,

Address of Event / Activity: 2024 Plantation Treated Timber Mount Gambier Horse Trials, August 10th & 11th 2024

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 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 and agree not to drink alcohol or take drugs prohibited by law before or during any horse sport 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 agree to wear an ASA approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: / / Signature of rider/guardian _____

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 rider/guardian _____

IMPORTANT: All riders should take out Private Health, Ambulance, Life and Income Protection Insurance in accordance with their own individual needs and circumstances.