



AUSTRALIAN STOCKMAN'S HALL OF FAME

"Pink" ride

NATIONAL BREAST CANCER FOUNDATION
FUNDING RESEARCH FOR PREVENTION AND CURE
FUNDRAISING SUPPORTER

in the Clare Valley

Release and Waiver of Public Liability Exposure

(Not relating to Personal Accident Insurance)

HORSE RIDING and associated events are DANGEROUS ACTIVITIES

I understand and acknowledge that horse riding and associated events are inherently dangerous activities and that animals can act in a sudden and unpredictable changeable way, especially if frightened.

I understand and acknowledge that serious INJURY and DEATH may result from horse riding and associated activities and events.

I agree that: I participate at my **OWN RISK** and that the "Pink" ride in the Clare Valley, organisers and associations shall not be liable for my personal injury, death, loss or damage occasioned to me or any loss or damage occasioned to any of my possessions whether such liability arises out of any express or implied term of my participation in an affiliated event or at common law or in any other way.

I agree: To immediately report to the Organiser any injury to myself or the animal provided for my use (should this be the case) during this event and the manner of the occurrence of such injury.

Conduct

I agree: To pay due regard to the safety of all other participants involved in the event; To follow the rules and directions of the organisers and that any misconduct or refusal by me to follow any direction of the organisers will result in the CANCELLATION of my participation in the event.

Name of Participant and/or Guardian: _____

Address: _____

State: _____ Postcode _____ Phone: _____

Date of Birth: ____/____/____

Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the "Pink" ride in the Clare Valley Organisers and their associates to the greatest extent allowed by law in the event of me and/or the children under my care, suffering property damage, injury or death.

Dated: ____/____/____

Signature of rider/guardian

PLEASE NOTE UNLESS THIS FORM IS COMPLETED IN FULL, YOU WILL BE UNABLE TO PARTICIPATE IN THIS EVENT

Return completed form to – PO Box 171 LONGREACH QLD 4730 or Fax to 07 4658 2495