



THE ANIMAL COMPANY PTY LIMITED
(ACN 105 341 802)

WAIVER OF LIABILITY AND RELEASE

HORSE RIDING AND BEING ON A FARM ARE DANGEROUS ACTIVITIES

I, (*print name*) understand and acknowledge that:

- Horse riding on a working farm is a dangerous activity and people are injured doing it.
- Horses can act in an unpredictable or changeable way especially if frightened or hurt.
- Riding gear can break and fail.
- The ground can be rough and uneven especially after wet weather.
- My horse could throw me or could brush me up against objects or trees.
- There are unfenced dams, creeks, fallen and falling trees on the property.
- Machinery used on the property is dangerous.
- There are many other general dangers.
- Injury or death may arise from these dangerous activities.

I agree that:

- I ride and stay at the farm at my own risk.
- The proprietor/ instructor and all other employees of The Animal Company Pty Limited are not liable for any injury, death, loss or damage which may occur to me or to my property during the time I spend on the property and ride horses whether such liability arises out of any express or implied term or at common law or in any other way.
- I will pay due regard for the safety of other riders, employees and instructors.
- I will always wear a safety helmet when riding and suitable clothing and riding boots.

I agree that while I am on the property I will not:

- Take or use any drug except prescription drugs.
- Drink alcohol before or during a horse ride.
- Enter any enclosed paddock unless requested, directed or supervised by an employee or instructor.

(*Cross out if not applicable*)

- I take full responsibility for providing my own horse and equipment.
- I am responsible for the correct fitting and safety of my equipment.

HEALTH

Either:

(a) I am in good health or

(b) I have the following physical disabilities and/ or chronic illnesses or conditions:

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NAME OF RIDER:

NAME OF GUARDIAN (if rider is under 18 years):

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ADDRESS:.....

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PHONE: MOBILE:

DATE OF BIRTH: EMAIL ADDRESS:

EFA NO::

CONTACT DETAILS IN CASE OF ACCIDENT

NAME:

PHONE: MOBILE:

RIDING EXPERIENCE

(circle most appropriate)

Very experienced / experienced / less than 20 hours experience / never ridden

EFFECT OF THIS DOCUMENT

I acknowledge that I have read and fully understand the meaning of this form. I understand that my signature means that I give a complete and unconditional release of all liability of the proprietors, instructors and employees of The Animal Company Pty Limited to the greatest extent possible under the law of New South Wales in the event I and/ or the child mentioned above suffer any death, personal injury or loss or damage of possessions. I agree to indemnify the proprietors/ instructors and employees of The Animal Company Pty Limited against all claims made by any other person against the proprietors/ instructors and employees of The Animal Company Pty Limited in respect of any injury loss or damage arising out of or in connection with riding and being a guest on the farm.

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SIGNATURE OF RIDER OR GUARDIAN