

DISCLAIMER

Surname (of owner/parent/guardian):.....

Given Names (of owner/parent/guardian):.....DOB:.....

Given Names (of child/children):.....DOB:.....

Home address:..... Postcode:.....

Phone: (H)..... (w) Mobile:

Email:

Saddle Fit location:.....1250 Eumundi-Kenilworth Rd, Belli Park, QLD, 4562.....

Saddle Fit date:

Please tick which of the following is appropriate:

I/My child/children will be riding

I/My child/children will **NOT** be riding

This saddle fit is for my/my child's horse only

Name of horse:.....

Please tick the following:

YES I/MY CHILD/CHILDREN WILL be wearing a hard hat at all times while riding on the property and I take full responsibility for my/his/her/their actions.

*** **ANY PERSONS UNDER THE AGE OF 18 MUST PRODUCE THIS DISCLAIMER SIGNED BY THEIR PARENT/GUARDIAN ALONG WITH THE ATTACHED PARENTAL CONSENT, BEFORE COMMENCING HIS/HER SADDLE FIT.**

I acknowledge that:-

- (1) any activities involving horses can be hazardous and unpredictable and that I/my child/my child's horse/my horse could be injured, but I accept all responsibilities for all risks of personal injury, death or property damage to myself/my child or my/my child's horse;
- (2) I may be personally liable for any injury or damage to other horses, people or property that is caused by myself/my child or my/my child's horse; and
- (3) the saddle fitter and/or land owner is not liable to indemnify the person receiving the saddle fitting service on the property from and against any loss, damage or liability, whether criminal or civil, suffered by me/my child or my/my child's horse arising out of the provision of the saddle fitting and associated services.
- (4) the appropriate codes of conduct have been brought to my attention by the proprietor & I acknowledge they are available for viewing at all times.

I declare that:-

- (1) I have no knowledge of any personal pre-existing medical, behavioural or other conditions (e.g. epilepsy, autism) that may affect the risk that either I or any other person will suffer injury, loss or damage during this saddle fitting. Listed below are the known problems & all related medication currently taken:
.....

- (2) I declare I have no knowledge of any injuries, ailments or vices of the said horse that may affect the risk that the horse, I or any other person will suffer injury, loss or damage. Listed below are the known problems:
.....

I have fully read and understand the above declaration. All information is true and correct and I agree to be bound by the terms and conditions herein.

DATED this day of 20.....

.....
(signature)

.....
(please print FULL NAME)

.....
(signature of witness)

.....Naree Michelle Wood.....
(please print FULL NAME)

..... 1250 Eumundi Kenilworth Rd, Belli Park, QLD 4570.....
(address of witness)