Socromon park

GOOROMON PARK HORSE RIDING CENTRE

EQUESTRIAN AUSTRALIA



SAFE, FUN, QUALITY RIDING INSTRUCTION

Canberra's only accredited Horse Riding Centre

Client Disclaimer Form

RIDERS PERSONAL DE	TAILS	To be fully the reception	completed on desk bef	by the parent/client and returned to ore riding commences.
Date of Birth/ Age	Sex F	M <u>Height</u>		Weight
RIDERS: Given Name:			. Surnam	ie:
PARENT/RIDER EMAIL AD	DRESS :			
Telephone (H)	Mobile		Work	Parent Name:
EMERGENCY CONTACT (di	fferent from t	the number ab	ove)	
Name:				Relationship:
Telephone (H)	Mobile		Work	
MEDICAL/DISABILITY/BE	<mark>HAVIOURA</mark>	L CONDITIO	NS:	
DISCLAIMER				
Please disclose all medical/distotally understand those in the		navioural cond	litions, as it	is of the utmost importance that our staf
If YES please explain	NO		YES	
ACKNOWLEDGEMENT-P	LEASE RE	AD CAREFU	JLLY THEN	ISIGN
while all precautions are taken to the proprietors and their employe happen from any cause whatsoev Gooromon Park or not, will do so ing this form, agrees to indemnify er made for or on behalf of the at named person. I confirm that I have read the wh	ensure the sales and agents er and the abonly at my/hi the proprieto ove named pole of this doo	afety of those as are not liable ove named per s/her OWN RI ors and their er erson or in res	ittending the (in any way for son, whether SK. On this benchmarked and pect of any how we taken all nects of the control of	ing Centre acknowledge that I understand tha Centre and while every care will be exercised, r any accident or damage which may occur or participating in any of the activities of pasis the Signaturee/Parent/Guardian, by signagents against any claim or demand whatsoeverse or property owned or used by the above ecessary actions to ensure I am aware that / her participating in all activities at
Gooromon Park, I acknowledge the disability and property damage ca	nat equestrian	activities are	dangerous and	d that accidents causing death, bodily injury,
CANCELLATIONS POLICY:				esson is cancelled or re-scheduled. advance a lesson fee is charged.
MAKEUP LESSON POLICY:	Two Lessor only if a 10	ns may be ma week term p	de up provio rogram has	ded the above procedure is followed and been paid.
NO REFUNDS:	are given i declines to	f a person is attend all or	unable to co part of the p	ntinue due to an accident or ill health or paid program.
SELF/PARENT/GUARDIAN CONSENT FOR UNDER 18 YEARS OLD PARTICIPANTS				
Signature	Date :	Nar	ne (please P	rint)
Witness	Date :	Nar	ne (nlease P	rint)

Please tick if you are attending a: BIRTHDAY PARTY