



Client Disclaimer Form

RIDERS PERSONAL DETAILS

To be fully completed by the parent/client and returned to the reception desk **before riding commences.**

Date of Birth/...../..... Age Sex F M Height Weight

RIDERS: Given Name:..... **Surname:**

PARENT/RIDER EMAIL ADDRESS :

Telephone (H) _ _ _ _ _ Mobile _ _ _ _ _ Work _ _ _ _ _ Parent Name:

EMERGENCY CONTACT (different from the number above)

Name:..... Relationship:

Telephone (H) _ _ _ _ _ Mobile _ _ _ _ _ Work _ _ _ _ _

MEDICAL/DISABILITY/BEHAVIOURAL CONDITIONS:

DISCLAIMER

Please disclose all medical/disabilities/behavioural conditions, as it is of the utmost importance that our staff totally understand those in their care.

If YES please explain NO YES

ACKNOWLEDGEMENT—PLEASE READ CAREFULLY THEN SIGN

I/Parent/Guardian of the above named attending Gooromon Park Horse Riding Centre acknowledge that I understand that while all precautions are taken to ensure the safety of those attending the Centre and while every care will be exercised, the proprietors and their employees and agents are not liable in any way for any accident or damage which may occur or happen from any cause whatsoever and the above named person, whether participating in any of the activities of Gooromon Park or not, will do so only at my/his/her **OWN RISK.** On this basis the Signatreee/Parent/Guardian, by signing this form, agrees to indemnify the proprietors and their employees and agents against any claim or demand whatsoever made for or on behalf of the above named person or in respect of any horse or property owned or used by the above named person.

I confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware that **HORSE RIDING IS A DANGEROUS ACTIVITY** and consent to my/him/her participating in all activities at Gooromon Park, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen.

CANCELLATIONS POLICY: 24hrs notice must be given if a lesson is cancelled or re-scheduled. ****If notice is not given 24 hrs in advance a lesson fee is charged.**

MAKEUP LESSON POLICY: Two Lessons may be made up provided the above procedure is followed and only if a 10 week term program has been paid.

NO REFUNDS: are given if a person is unable to continue due to an accident or ill health or declines to attend all or part of the paid program.

SELF/PARENT/GUARDIAN CONSENT FOR UNDER 18 YEARS OLD PARTICIPANTS

Signature Date : Name (please Print)

Witness Date : Name (please Print)

Please tick if you are attending a: BIRTHDAY PARTY