

Pony Club Association Of Queensland Inc

LIABILITY, WAIVER, RELEASE AND INDEMNITY

WARNING: *This is a legal document that affects your rights. If you do not understand it, consult a lawyer before signing it*

Full Name

Address:

.....Postcode

Date of Birth:

Emergency Contact Name:.....Tel.....

Known medical conditions or disabilities

TO: The Pony Club Association of Queensland Inc. and its affiliated clubs. and their respective directors, officers, employees, agents, contractors, representatives and volunteers ("Pony Club")

In consideration of the Pony Club accepting my membership and/or allowing me to participate in its events and activities, including riding:

1. I acknowledge that participation involves the real risk of injury, possibly serious. This includes injuries related to or resulting from pre-existing disabilities or medical conditions.
2. It is not possible to list all potential injuries or their possible causes. Injury may be unforeseen, accidental or preventable. Although it is uncommon, the injury may be extremely serious. I acknowledge that the most common injuries result from falls from horses. Injury might be caused by failure to follow instructions, failure to wear protective equipment, carelessness, the negligence of co-participants, animal misbehaviour, equipment failure or other causes.
3. I understand that before participating in any physical activity, I should obtain the approval of a qualified medical practitioner. This is particularly important if I am over 35 years of age or I have a pre-existing disability or medical condition.
4. By participating, I accept all risks necessarily flowing from my participation which could result in loss of life, temporary or permanent injury or economic loss.

Accordingly, I release Pony Club from, and will indemnify it against (to the extent my actions are not excused or protected by law), all liability for all injury, loss or damage arising out of or connected with my participation in Pony Club activities. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns. It includes loss or damage related to my equipment and the death or injury of my animal.

5. I have disclosed to you (on this form) all personal medical and other details that might be relevant to my participation or if medical treatment is needed. I promise to keep you up to date with any changes in my medical condition.
6. I consent to receiving any medical treatment or injury assistance that Pony Club thinks desirable during or after my participation. However, I do not require that special medical facilities or equipment be made available for me and I understand that treatment or assistance might not be immediately available when needed.