



Release of Waiver of Liability and Dangerous Activity Acknowledgement.

Full Name of participant (and of guardian if under 18 years):

Address:Town.....

State: Post Code: Date of Birth: Horse Name (if known).....

Name of Organisation: The AUSTRALIA and NEW ZEALAND FRIESIAN HORSE SOCIETY INC. (ANZFHS Inc)

HORSE SPORTS ARE A DANGEROUS ACTIVITY

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned understand, acknowledge and accept that horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. There is a significant risk that serious INJURY or DEATH may result from horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Australia & New Zealand Friesian Horse Society Incorporated and I voluntarily participate at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities or any other ANZFHS Inc activity.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during any ANZFHS Inc organised activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sport activity.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in any event and my immediate removal from my horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the ANZFHS Inc against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times during ridden horse sport activities and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I agree not to sue the ANZFHS Inc (including their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsors, and if applicable, owners and lessors of premises used to conduct the events) with respect to ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE ANZFHS Inc OR OTHERWISE.

Effect of this Document

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand th at my signature to this document constitutes a complete and unconditional release of all liability to the ANZFHS Inc, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Signature of member _____ Date / /

For Participants of Minority Age (Under Age 18): This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to his/her release as provided above of the ANZFHS Inc, and I release and agree to indemnify and hold harmless the ANZFHS Inc from any and all liabilities arising from my minor child's involvement or participation in horse sport activities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ANZFHS Inc.

Signature of parent or guardian _____ Date / /