



# CONSENT & INDEMNITY

Please ensure that both pages are completed and signed  
Both pages must be completed in full & provided to office  
staff on entry to Valley Park Riding School



NAME OF PARTICIPANT: \_\_\_\_\_ (print name clearly)

NAME OF FACILITY: *Valley Park Riding School Pty Ltd*

DATES OF PARTICIPATION – FROM \_\_\_\_\_

This document is a deed poll in favour of VALLEY PARK RIDING SCHOOL (hereinafter referred to as the “Supplier”) and its officers, employees, Representative, agents, contractors and volunteers (Personnel).

I, the undersigned, am aged over the age of 18 years of age and am a person or Legal Guardian of the above named participant (hereinafter referred to as the “Participant”).

I consent to the Participant attending the VALLEY PARK RIDING SCHOOL (hereinafter referred to as the “The Centre”) for the activities described above, including participating in the events and activities offered by the Supplier or otherwise in the connection with it (hereinafter referred to as the “Activities”).

I acknowledge and agree:

- That the participant and I have agreed and understood the Centre’s rules and any other rules applying to the Activities;
- That the nature of the Activities may include Horse Riding and that risks may arise during these and other activities,
- That the Supplier and Personnel would be unable to feasibly operate the Centre if they were liable for such risks; and
- That the Participant attends the Centre and participates in all Activities at my own risk.

I indemnify the SUPPLIER and each of its Personnel against any and all issues, costs, damages, expenses, and liabilities (including legal costs on a full indemnity basis) sustained or incurred by the SUPPLIER or any of its Personnel in connection with:

Any claim, action, demand or proceeding (whether based in contract, tort (including negligence) or otherwise) by any person in relation to any personal injury occasioned by the Participant at, or as a result of, the Centre, or in the course of, as a result of, any Activities:

- Any failure of the Participant to follow any rules of the Centre or any direction given by the SUPPLIER or its Personnel or;
- Any act or omission of the Participant at the Centre or in the course of any Activities, which causes or contributes to Personal injury to any person.

In this deed poll, a reference to Personal Injury includes: death, physical or mental injury (including the aggravation, acceleration or recurrence of such an injury) the contraction aggravation or acceleration of a disease: the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs:

That is or may be harmful or disadvantageous to the person who suffers it or the community, or that may result in harm or disadvantage to the person who suffers it or the community.

I agree that in the event of the Participant being involved in an accident, becoming ill, or otherwise requiring medical treatment or care, the SUPPLIER or its Personnel may, in their absolute discretion, obtain medical treatment for the Participant and that I must pay all expenses incurred in obtaining such medical treatment or care.

**Signed, sealed and delivered as a Deed Poll**

**By Parent or Legal Guardian of Participant who is under 18 years:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Tick this box to acknowledge you understand **OUR POLICIES**. VPRS has a strict cancellation policy. Please familiarise yourself with the policies as set out on our website at [www.valleyparkriding.com.au](http://www.valleyparkriding.com.au). To review the Terms and Conditions, click on ‘More Info’, then ‘Terms and Conditions’.



# STUDENT DETAILS FORM

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OFFICE USE ONLY

ABILITY: \_\_\_\_\_

ADULT / CHILD / KINDY

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

## RIDER INFORMATION:

DATE OF BIRTH: .....

HEIGHT: ..... WEIGHT: .....

Is this riding lesson (tick relevant box):

- |  |   |
|--|---|
| <input type="checkbox"/> Casual Riding   | <input type="checkbox"/> Birthday Party |
| <input type="checkbox"/> Holiday Program | <input type="checkbox"/> Trial Lesson   |

## RIDING HISTORY:

Have you ridden before? YES / NO (circle)

If so, approx how many times in the last 12 months?

- 0    1-5    5-10    10+

How many times have you ridden a horse in **TOTAL**?

- Never    1-10    11-50    51+

I regard myself as a –

- Complete Beginner    Novice    Advanced Rider

Where has most of your riding taken place? \_\_\_\_\_

I am able to (tick applicable boxes):

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Groom and tack up     | <input type="checkbox"/> Mount & Dismount           | <input type="checkbox"/> Adjust stirrups | <input type="checkbox"/> Adjust girth |
| <input type="checkbox"/> Walk                  | <input type="checkbox"/> Sitting Trot               | <input type="checkbox"/> Rising Trot     | <input type="checkbox"/> Canter       |
| <input type="checkbox"/> Ride without stirrups | <input type="checkbox"/> Deal with a slipped saddle |  |                                       |

## HOW DID YOU HEAR ABOUT US?

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Our Website   | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Facebook  |
| <input type="checkbox"/> Twitter       | <input type="checkbox"/> Email Campaign  | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Staff Member    | <input type="checkbox"/> School    |

Referral: Name \_\_\_\_\_

Other \_\_\_\_\_

## EMERGENCY CONTACT DETAILS:

NAME: .....

MOBILE: .....

HOME/WORK: .....

## ALLERGIES / MEDICAL CONDITIONS:

Any known allergies / medical conditions that we need to know about? YES / NO (circle)

If **YES**, please describe the treatment required in an emergency:

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**Ensure you complete  
the Consent & Indemnity  
overleaf**

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