

EQUESTRIAN WAIVER

Wondai AP&I Society Inc

I \_\_\_\_\_ of \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Hereby Agree to:

- 1. Indemnify Wondai AP&I Society Inc against any liability whatsoever for any injury loss or damage sustained by me, my horse or my equipment at the Wondai Show.
- 2. Compete and exhibit at the Wondai at my own risk entirely.
- 3. Forfeit any right to any claim, demand or action against Wondai AP&I Society Inc or related bodies arising out of the conduct of the Wondai Show
- 4. Declare my horse and equipment are in sound condition.
- 5. Consent to receiving any medical treatment including ambulance transportation that event organisers think desirable as required during the event.
- 6. I have read the contents and fully understand all details of this form. I am 18 years of age or over.

Dated at.....this.....day of.....20.....

Competitor / Exhibitor

Witness.....

As a parent or guardian of the Competitor/Exhibitor who is under the age of 18 years, I agree to the above for myself and on behalf of my child I indemnify and keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.

Dated at.....this.....day of.....20.....

Parent/Guardian

Witness

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW