



Big Rock Ranch Sign in Form

Rider		or	Spectator		
Full name:					
Full address:				Postcode:	
Ph number:		Email:			

Horse Health Declaration

Where horse stabled: (if different to above)		QDPI PIC number:			
Colour	Breed	Sex	Brand if ap.	Horses Name	Riders name

I declare that the animal/s named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days. If the horse/s named above and in my care should show signs of illness during the course of the session I agree to pay any veterinary fees incurred as a result

Signature (Guardian to sign if under 18) _____ Date _____

RELEASE AND WAIVER OF LIABILITY - EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit liability of the Provider to exclude liability for any personal injury, loss or death to the Participant, and other people in the care and control of the Participant, howsoever caused. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury, death or damages. Under the provisions of the Trade Practices Act and various State Laws conditions are implied into contracts that mean the Provider of Recreational Services, noted below, is required to ensure the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances.

Name and address of Provider: **Jodie Johnston, Big Rock Ranch (BRR), Lot 90 Moy Pocket Road, Brooloo.**

I understand and acknowledge that equestrian events can be a dangerous activity. I understand and acknowledge that serious INJURY or DEATH may result from participating in cattle work and any other equestrian activities. I agree that I RIDE/ATTEND at my OWN RISK at BRR and that BRR shall not be liable for my personal injury, death, loss or damage occasioned to me or loss or damaged occasioned to any of my possessions. I understand and acknowledge not to participate whilst under the influence of alcohol or drugs prohibited by law. I understand not to ride in a dangerous manner, which may cause injury to others or myself. I understand and acknowledge the rules and the safety requirements of the activities in which I wish to participate. I understand and acknowledge that any rider under 18 must wear a helmet.

EFFECT OF THIS DOCUMENT

I understand my signature to this document constitutes a complete and unconditional release of liability to the greatest extent allowed by law.

Signature (Guardian to sign if under 18) _____ Date _____