Trail Riders of Victoria Inc.
Established 1930
All correspondence to Honorary Secretary
"Hillcrest" 1773 Broadford Flowerdale Rd, Strath Creek VIC 3658
trailridersofvictoria@gmail.com

RELEASE, WAIVER OF LIABILITY & ACKNOWLEDGEMENT OF RISK

Name of Rider/ Handler:					
Name of Parent/Guardian if rider is under 18 years of age		**Relationship**			
Address (Street):					
Suburb:		**State**		**Postcode**	
Email:					
Telephone:		**D.O.B**			
Dates of event:	**From:**		**To:**		
Type of Event (please tick)	**Members Weekend Ride** ☐		**Welcome to Trial** ☐		
Emergency Contact Name, Relationship and Phone					
Any relevant medical conditions or food allergies not already disclosed in your booking enquiry					

Acknowledgement of Risk

I understand and acknowledge that horse riding, horse handling, camping and associated recreational activities are dangerous recreational activities.

I acknowledge that:

- Horses are living animals and may react suddenly or unpredictably.
- Horse riding involves inherent risks that cannot be eliminated, including the risk of falls, kicks, bites, collisions, equipment failure, uneven terrain, weather conditions, and interactions with other horses or riders.
- Participation in these activities may result in serious injury, permanent disability, illness, property damage or death.

I voluntarily choose to participate in these activities and accept all obvious and inherent risks associated with my participation.

I agree that I participate entirely at my own risk.

Rider Responsibilities

I agree that I will:

- Follow all directions given by Trail Riders of Victoria Inc. committee members, volunteers and ride leaders.

- Ride within my own level of ability and experience.
- Ensure my horse is fit, suitable and under effective control at all times.
- Not ride while under the influence of alcohol, illegal drugs or medication that may impair my ability to safely control my horse.
- Treat other riders, volunteers, horses and property with respect.
- Immediately advise the ride leader of any incident, injury or unsafe situation.

Horse Declaration

I declare that my horse:

- Is fit and suitable to participate.
- Is free from any known contagious or infectious disease.
- Has suitable manners for riding in a group environment.
- Will remain my responsibility at all times.

Agistment

I understand that horses are agisted on the property entirely at my own risk.

Trail Riders of Victoria Inc., its committee, volunteers and members accept no responsibility for injury, illness, death, theft, escape or damage to any horse or personal property while on the grounds, except where liability cannot legally be excluded.

Riding Helmets

Trail Riders of Victoria Inc. strongly recommends that all riders wear an Australian Standard approved riding helmet whenever mounted.

Please select one:

☐ I WILL wear an approved riding helmet while riding.

☐ I choose NOT to wear an approved riding helmet while riding.

If I choose not to wear an approved helmet, I acknowledge that I significantly increase my risk of serious injury or death and accept full responsibility for that decision.

Medical Treatment

If I become ill or injured and I am unable to provide consent, I authorise Trail Riders of Victoria Inc. to arrange emergency medical treatment, including ambulance attendance, if considered reasonably necessary.

I acknowledge that I am responsible for all costs associated with any medical treatment, ambulance attendance or hospital care.

Horse Veterinary Treatment & Transport

If my horse requires emergency veterinary treatment or transport and I am unable to provide consent or cannot be contacted, I authorise Trail Riders of Victoria Inc. to arrange veterinary treatment and/or transportation for my horse where it is reasonably necessary to protect the horse's welfare.

I acknowledge and agree that I am solely responsible for all costs associated with Veterinary treatment, Horse transportation, and any other expenses arising from an accident, illness or incident involving my horse.

Property Damage

I accept responsibility for any loss or damage caused by me or my horse to another person's property or to the facilities of Trail Riders of Victoria Inc. where that loss or damage results from my negligent or reckless actions.

Conduct

I agree to comply with all Trail Riders of Victoria Inc. rules, policies and reasonable directions.

I understand that:

- If my horse is considered unsafe or unmanageable, I may be asked to leave the ride and return to the clubhouse.
- Unsafe, abusive, reckless or inappropriate behaviour may result in my removal from the event without refund.
- Decisions made by Trail Riders of Victoria Inc. regarding participant safety are final.

Photography & Video Consent

Please select one:

☐ I consent to Trail Riders of Victoria Inc. using photographs and video footage containing my image for promotional purposes, including social media, websites, newsletters and printed publications.

☐ I do not consent to Trail Riders of Victoria Inc. using photographs or video footage containing my image.

Event Fees & Insurance

I understand that any fees paid to Trail Riders of Victoria Inc. for the event I have registered to attend contribute towards the costs of conducting the event, including accommodation, meals, event administration and other associated event expenses.

I acknowledge that these fees do **not** include:

- Riding instruction or coaching;
- Professional guiding services;
- Personal accident insurance; or
- Medical or ambulance cover.

I understand that Trail Riders of Victoria Inc. does not provide personal accident insurance and that I am responsible for arranging any insurance I consider appropriate.

I further acknowledge that committee members, ride leaders and volunteers are not engaged as professional riding instructors or coaches. Their role is to coordinate the event, assist participants and promote safety during the ride.

Release & Waiver

I acknowledge that I have carefully read this document and understand its contents.

To the fullest extent permitted by law, I voluntarily assume all obvious and inherent risks associated with participating in horse riding and related activities conducted by Trail Riders of Victoria Inc.

I release Trail Riders of Victoria Inc., its committee members, volunteers, ride leaders and members from liability arising from the obvious and inherent risks associated with dangerous recreational activities, except where liability cannot legally be excluded.

Nothing in this document excludes, restricts or modifies any rights or remedies that cannot lawfully be excluded under the Australian Consumer Law or any other applicable legislation.

Parent/Guardian Consent (If Participant is Under 18 Years)

I am the parent or legal guardian of the participant named in this document.

I consent to their participation in this event.

I acknowledge the risks involved and agree, to the extent permitted by law, to be bound by this waiver on behalf of the minor participant.

Declaration

I declare that:

- The information provided by me is true and correct.
- I have read and understood this Release, Waiver of Liability and Acknowledgement of Risk.
- I have had the opportunity to ask questions before signing.
- I voluntarily agree to participate in this event.

Rider

Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian (If Applicable)

Printed Name: _____

Signature: _____

Date: _____