

EQUESTRIAN FEDERATION OF AUSTRALIA LTD (EFA)

DISCLAIMER STATEMENT

CLUB/COACH: Shoalhaven Showjumping Club Inc

CLUB/COACH ADDRESS: North Street Berry

EVENT: SHOWJUMPING TRAINING, INSTRUCTIONAL AND COMPETITION DAYS
(hereafter referred to as "Event(s)").

I, acknowledge and agree as a condition of participating that neither the club/coach, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners, lessees of premises used to conduct the EVENT(S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the EVENT(S), except in regard to any rights I may have arising under the Trade Practices Act 1974 (Commonwealth) (or similar State Legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER

Name: (block letters)

Signed: Date:

Parent/Guardian Consent for Under 18 Year Old Participants

I, being the parent/guardian of the above named confirm that I have read the whole of this document and have taken all necessary actions to ensure that I am aware of the activity which the above named will be asked to participate in and consent to him/her participating. In doing so I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen. I agree as a condition of the above named participating that neither the club/coach, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners, lessees of premises used to conduct the EVENT(S), shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be sustained or incurred by the abovenamed or by me, as a result of participation in or being present at the EVENT(S), except in regard to any rights the abovenamed or I may have arising under the Trade Practices Act 1974(Commonwealth) (or similar State Legislation).

I/We have private health cover **OR** I/We will pay for ambulance expenses if necessary.
BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER

Name: (block letters)

Signed: Date: