RELEASE WAIVER of LIABILITY

# WOOLOOGA OLD COACH TRAIL RIDERS Inc.

To be completed by Adults acting as Guardians for Riders under 18yrs of age during the Ride.

**RIDE for ANGEL FLIGHT** **Date of Event: / / .**

## Horse Riding is a Dangerous Activity

- I understand and acknowledge that horse riding is a dangerous activity and that horses can act in sudden and unpredictable (changeable) way, especially in fright or hurt.
- I understand and acknowledge that serious INJURY or DEATH may result from horse riding activities and in particular this event. I agree that **MYSELF and PERSON UNDER MY CARE, RIDE AT OUR OWN RISK.**
- I agree **not to drink alcohol or take drugs prohibited by law** before or during this event.

| | |
|---|---|
| Print Full Name: | |
| Address: (if different from Parent/Guardian) | |
| Phone Number: | |

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|---|---|
| Print Full Name: | |
| Address: (if different from Parent/Guardian) | |
| Phone Number: | |

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| Print Full Name: | |
| Address: (if different from Parent/Guardian) | |
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| Print Full Name: | |
| Address: (if different from Parent/Guardian) | |
| Phone Number: | |

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|---|---|
| Print Full Name: | |
| Address: (if different from Parent/Guardian) | |
| Phone Number: | |

## EFFECT OF THIS DOCUMENT

I understand that my signature to this document constitutes a complete and unconditional release of all liability by the Woolooga Old Coach Trail Riders Inc. in the event of me and/or the children under my care suffering injury or death.

This includes all management committee members, members and volunteers, to the greatest extend allowed by lay.

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| SIGNATURE OF PARENT /GUARDIAN: | | DATE: | |