

# Dangerous Activity Acknowledgement EA Registered NCAS Coach

## Horse Sports are a Dangerous Activity

I understand and acknowledge that horse sports are a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse sport activities and in particular horse riding lessons. I agree that **I PARTICIPATE** at my **OWN RISK**.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the lesson and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this lesson.

## Conduct

I agree to follow the directions of the coach and that any misconduct or refusal by me to follow any direction of the coach can result in the **CANCELLATION** of my lesson and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times while riding during the lesson and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times while riding and take sole responsibility for my actions. (Not applicable for vaulting lessons in accordance with the EA/FEI rules and regulations)

Name of rider and guardian (if under 18 years): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

I am a member of \_\_\_\_\_ (EA or name of club) Member No: \_\_\_\_\_

Riding experience (*tick where appropriate*)

Very experienced

Less than 50 hours riding experience

Never ridden

Less than 20 hours riding experience

Details of riding experience: \_\_\_\_\_

Conditions/Impairments/Disability that may affect my ability to participate? \_\_\_\_\_

## **Effect of this Document**

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Dated: \_\_\_/\_\_\_/\_\_\_ .....Signature of rider \_\_\_\_\_

(AND if rider under 18 years - Signature of parent/guardian \_\_\_\_\_)

## **Duty of Coach (This section to be completed by the Coach)**

The coach will exercise due care and skill in providing each rider with a suitable horse (where applicable) and will conduct the lesson keeping in mind the welfare and safety of the rider.

Membership Card sighted Yes  No

Coach's name \_\_\_\_\_ Coach's signature \_\_\_\_\_ Date \_\_\_\_\_