



**Nicole Tough Dressage
INDEMNITY FORM**

Please read, complete and sign

I, the undersigned, _____ (full name), in my

capacity as rider and/or legal guardian of a child _____

(full names), rider if child birthday _____ agree as follows:

1. I acknowledge that there are inherent dangers in horse riding and I fully understand the nature of the risk and the need for the rider to take all reasonable precautions.
2. I accept and voluntarily assume the risk inherent in my and /or my child's use of these horse riding facilities. I release Nicole Tough, it's officers, stewards, agents, grooms and representatives from any duty of care towards me and /or my child and from liability towards any claim that could accrue arising from my and/or his/her participation in horse riding or any related activities, or of any loss of or damage to my and/or his/her property whether physical, emotional and/or financial.
3. Such horse riding activities will include but not be limited to riding, working with horses on foot or any other activity undertaken by participants in a riding lesson.
4. In the event of an accident involving me and/or my child there is no obligation on Nicole Tough Dressage to secure for me and/or my and/or his/her medical treatment; however I do hereby authorise Nicole Tough Dressage to act in my and/or his/her best interest, which may include the obtaining of the necessary emergency medical treatment, which shall be for my account. In such an event, Nicole Tough Dressage will advise the contact person, but is authorised to secure medical treatment without prior consultation.
5. Nicole Tough Dressage nor it's staff or agents shall be liable for any loss or damage to property brought to the yard, for example money, phones, tack and clothing.

ENROLMENT for lessons and use of facilities

Rider Name: _____ and if a child, Guardians Name: _____

Contact number: _____ Email Address: _____

Emergency Contact: _____

Signature: _____ Date: _____