



HORSE SHOW ASSOCIATION OF AUSTRALIA

Secretary
347 Newland Road
WAMURAN QLD 4512
gm8@bigpond.com

INDEMNITY, RELEASE & WAIVER OF LIABILITY

I (print name) _____ understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and/or attend any show conducted or authorized by the Victorian Paint Horse Association at my own risk and to indemnify and keep indemnified the Victorian Paint Horse Association or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the show and agree to exonerate the committee of management of the show together with any other organization or person involved in the conduct of any HSAA show from all loss or injury to me whether due to alleged negligence or otherwise.

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Victorian Paint Horse Association for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Victorian Paint Horse Association.

Name: _____ **Phone:** _____
Address: _____

Signature: _____ **Date:** _____

Parent or Guardian must sign on behalf of Youth competitor.

Name of Youth: _____

PARENT/GUARDIAN: _____

Name: _____ **Signature:** _____

Emergency Contact: _____ **Phone:** _____

2. _____ **Phone:** _____