

WAIVER RELEASE AND ACKNOWLEDGEMENT FORM

Maleny Show Society Inc. Equestrian Federation of Australia – Queensland Inc.

A. In this Waiver, Release and Acknowledgement Form “The Society “means and includes:

- All affiliated entities;
- Servants or agents of the Maleny Show Society and / or all affiliated entities;
- Employees of the Maleny Show Society and / or all affiliated entities;
- Members of the Maleny Show Society and / or all affiliated entities;
- Volunteers of the Maleny Show Society and / or all affiliated entities.

By participating as a member of Maleny Equestrian Group Inc. on the Maleny Showgrounds/ Horse Arena:

1. I acknowledge that it is a condition of participating on these grounds that I do so at my own risk. I accept all risks and release the Maleny Show Society Inc., Sunshine Coast Regional Council; Equestrian Federation of Australia including all its state bodies coaches and affiliate clubs, and any person or body directly or indirectly associated with the Maleny Showgrounds / Horse Arena and indemnify them against all liability for all injury, loss or damage to myself or my property arising out of or connected with my participation in horse riding activities as a member of the Maleny Equestrian Group. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.

2. I acknowledge that it is a condition of membership of the Maleny Equestrian Group that the Society and any person or body directly or indirectly associated with Maleny Equestrian Group activities are absolved from all liability however arising for injury or damage to myself or my property howsoever caused arising out of participation in such activities whatsoever whether due to any negligent act, breach of duty, default and / or omission on the part of the Society and any person or body directly or indirectly associated with such activities or otherwise.

3. I acknowledge that any person participating in these activities is only allowed to do so on the distinct understanding that they do so at their own risk.

4. I acknowledge that participating in such activities may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in such activities.

5. I acknowledge that the Society relies on the information provided by me and stat that all such information is accurate and complete.

6. I acknowledge that difficulties of participating in M.E.G.S. Inc. activities and warrant that I am physically fit to participate in M.E.G.S Inc. activities and that I have not been advised otherwise by a qualified medical practitioner I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.

7. I acknowledge that it is a condition of participating in M.E.G.S. Inc. activities that I follow the instructions of the Society and any person directly or indirectly associated with such activities at all times. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with such activities from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and / or directions given to me by the Society and any person or body directly or indirectly associated with the such activities.

8. I indemnify and keep indemnified the Society and any person or body directly or indirectly associated with M.E.G.S. Inc. activities, against all claims made by any other person for injury or damage howsoever caused arising out of participation in such activities whether due to any negligent act, breach of duty, default and / or omission on the part of the Society and any person or body directly or indirectly associated with such activities, or otherwise.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP

SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature.....Date.....

Full Name.....

Address:
.....
.....

Phone:.....

DECLARATION OF MINORS

Membership of the Maleny Equestrian Group is open to Families. All persons under the age of 18 years must have this declaration signed by a parent or guardian. Membership of the Maleny Pony Club does not give automatic use of the Indoor facilities other than for organized Maleny Pony Club Musters and events.

I certify that I am the parent / guardian of:

.....Age:.....
.....Age:.....
.....Age:.....
.....Age:.....

I testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor/s specified above. In consideration of the facilities provided to use, I myself, my executors, administrators and assigns and for the child/children under age person/s (if applicable) absolutely release and discharge the Society and any person directly or indirectly associated with M.E.G.S. Inc. activities from all claim, demands and proceedings arising out of or connected with participation in such activities that I or the child/children/underage person/s may suffer or sustain. I hereby indemnify and agree to keep indemnified the Society, and any person or body directly or indirectly associated with MEGS activities against all claims whatsoever by me or the child/children/underage person/s claiming through me through the child/children/underage person/s in any way arising out of or connected with any this discharge may be pleaded in bar to any such claims.

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Signature of Parent/GuardianDate:
.....

Parent/Guardian's Full Name.....
.....

Address (if different).....Phone.....