



Application to Ride and Release and Waiver of Liability

Your Full Name: _____

Age (only if under 18) _____ Parents Name (if under 18) _____

Address: _____

Phone: _____ Mobile/Cell: _____

Email: **PRINT CLEARLY to receive free riding music** _____

Details of all injuries, ailments or known medical problems of yourself or your horse _____

What is the 3 major problems you would like to work on.

1. _____

2. _____

3. _____

I hereby apply to ride under the direction of Colleen Kelly. I agree to follow the directions the coach, and all officials/representatives of the venue, and that any misconduct or refusal by me to follow any direction of the coach or officials will result in the cancellation of my lesson or training session and my immediate removal from my horse no matter where that may occur.

1. I understand and acknowledge that all horse sports, riding and vaulting are dangerous activities and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
2. I understand and acknowledge that serious **SERIOUS INJURY or DEATH** may result from horse sport activities and in particular this lesson, training session or event.
3. I agree that I participate at my own risk. I am not forced to ride; I chose to do so of my own free will, accepting all the risks associated with a highly dangerous sport.
4. I agree not to drink alcohol or take drugs prohibited by law before or during any horse or training session.
5. I have disclosed fully above any medicine I am taking, especially if known to affect balance, co-ordination, or cause drowsiness, or affect my riding or training in any way. I will advise the coach or a venue official immediately of any change of my health status including, but not limited to, pain, nausea or dizziness that at any time may affect my riding or attendance at this event.
6. I agree to abide by all of the rules associated and related to this event, (such as FEI, EFA, USDF or Pony Club Rules).
7. **I agree to wear an Officially Approved safety helmet**, with strap correctly fitted during all lessons, training and lunging.
8. I agree for first aid to be given to me in an emergency situation, and for the ambulance or medical practitioner to be called for further treatment if necessary.
9. I agree that any photos or videos of myself or my lesson, may be used by Colleen Kelly and Improving Riding Pty. Ltd. For publicity or sales purposes.
10. **I agree not to privately film any event during the clinics**

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Colleen Kelly, Nicholas Tsopanis, Improving Riding Pty. Ltd., Vaulting Victoria, their coaches, officials, instructors and volunteers. I understand that it also constitutes a complete and unconditional release of all liability to the venue owners or lessees, or club involved during lessons, training lessons, meetings, education days and competitions to the greatest extent allowed by law in the event of me and or the riders, children or horses under my care, suffering death loss or injury howsoever caused.

Signed: _____ Dated: _____