



Mistico
Equestrian Centre

INDEMNITY FORM:

(Please complete and email to admin@misticoequestrian.co.za)

I, the undersigned, _____ (full names) in
my capacity as rider and/or legal guardian of a minor child

_____ (full names), rider's (child) birthday (dd/mm/yy)

_____ agree as follows:

1. I acknowledge and accept 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 child's use of the horse-riding facilities. I, release **Mistico Equestrian Centre**, its 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 riding lesson.

4. In the event of an accident involving me and/or my child there is no obligation on **Mistico Equestrian Centre** to secure for me and/or my child's medical treatment; however I do hereby authorize **Mistico Equestrian Centre** 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 **Mistico Equestrian Centre** will advise the contact person listed herein of the situation at the earliest possible opportunity but is authorised to secure medical treatment without prior consultation.

5 **Mistico Equestrian Centre** nor its staff or agents shall be liable for any loss or damage to property brought to the yard, for example money, cell phones, tack and clothing.

ENROLMENT for use of Facilities: (For official record keeping and enrolment)

Rider/Guardian's ID Number: _____

Contact number (Mobile): _____ E-mail Address: _____

Alternative Name & Contact number: _____

Thus done and signed at _____ on this ____ day of _____ 20_____.

Signature: _____