

SLEEPY HOLLOW HORSE RIDING ADULT LESSON INDEMNITY FORM

Name & Surname: Date of Birth:.....

Identity number:

Residential Address : Postal Address:

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Contact Numbers : Home..... Work

Cell

Email Address **Capital letters, please:**.....

Relative / Parent Name

Relative / Parent Contact Numbers: HomeCell.....

Work

Emergency contact person: Emergency Tel.:

(other than above)

Doctor's Name: Doctor's Tel No:

Doctor's Address:

Do you have any medical problems, operations, illnesses or allergies? If so please describe in detail or state 'none'.

(This information is important as many medical conditions can be contra-indicated for horse riding, and preclude rider from horse riding activities)

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Please Note

1. Please park inside Sleepy Hollow Horse Riding.
2. Please do not bring your dogs onto the property.
3. Riding fees are payable on the first lesson of each term. If fees are not paid timeously a 10% interest will be charged.
4. You will be liable for one month's written notice to be given of your intention to discontinue riding lessons.
5. Sleepy Hollow cannot offer make-up lessons if you miss your usual slot. Please remember that rainy days are a wonderful opportunity to learn practical and theoretical horsemanship which are necessary to become an accomplished rider.
6. Please complete the indemnity on the reverse side of this form. * *
7. Lessons are conduct according to government school terms. We do not do lessons on public or government school holidays.
8. Please complete the indemnity on the reverse side of this form.

I give permission to take or have photographs taken of me and consents and authorizes Sleepy Hollow Horse Riding to use and reproduce without remuneration, the photographs for marketing purposes, which includes, but is not limited to, websites and brochures. I acknowledge that I have read the Privacy Policy on the website www.sleepyhollowhorseriding.com which was presented to me and I agree to the Privacy Policy.

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Signature & Full Name & Surname in print
ID.NR. or DOB

Date

SLEEPY HOLLOW HORSE RIDING ADULT INDEMNITY FORM

I, the undersigned do hereby consent to ride on any of the horses/ponies at Sleepy Hollow Horse Riding. I will abide to the rule that riding hats and the correct shoes must be worn. I, furthermore, in my own capacity, my spouse, children, dependants, common law spouse, life partner or family member hold harmless, indemnify, release and discharge Sleepy Hollow Horse Riding and all its staff from any/all claims, demands, actions, causes of actions or suits of law, or in equity of whatsoever kind of nature, for or because of any matter of things done, omitted or suffered to be done by Sleepy Hollow Horse Riding or its staff, employees, servants or representatives and particularly on account of any injuries both to person or property which may result from the said horse riding during trails or other times, in or out of the premises of Sleepy Hollow Horse Riding or from riding any horse/pony or from participating in any of the Sleepy Hollow Horse Riding events.

I furthermore undertake and agree that no action will be taken against Sleepy Hollow Horse Riding, nor any of its staff or instructors by myself, my spouse, children, dependants, common law spouse, life partner or family member by way of damages or otherwise in respect of any such injuries or damages as herein before referred to. I realise that certain of the activities require of me to be in good physical and mental condition and I warrant that I am in such a condition. I agree that horse riding is an extreme sport, can be potentially dangerous, and horses are unpredictable in their behaviour, and that I have had adequate opportunity in the circumstances to comprehend the risk and the implications thereof and that I will be exposed to a variety of risks and dangers inherent in or associated directly or indirectly with the optional activities offered by Sleepy Hollow. I will be aware at all times, whether in the area or participating in any activity, any warning notices and instructions of the person/employer in charge of the activity.

I bear in mind that horse riding is considered an extreme sport and horses all have their own personalities. They are flight animals in a situation deemed possibly dangerous for themselves, thus there is a possibility that I may fall off the horse and injure myself. I AM RIDING AT MY OWN RISK.

I also acknowledge that Sleepy Hollow representative may in his/her sole discretion, decide to cancel, terminate or curtail any activity at any stage for whatever reason he/she deems fit if circumstances arise and/or prevail that justify such action and I agree to comply.

Sleepy Hollow Horse Riding and/or its staff or any person directly or indirectly connected with the running of or providing of products or services to Sleepy Hollow Horse Riding will under no circumstances be liable for any indirect/consequential or special loss or damage, irrespective of the cause, unless such claim arises i.t.o. section 61 of the Consumer Protection Act.

DATED at ***Sleepy Hollow Horse Riding, Noordhoek*** this day of.....20.....

.....
Rider's Signature & Name and Surname in print

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Witness Signature & Name and Surname in print

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

I,(Name and Surname), ID.NR. with
address..... and contact nr

accepts ultimate responsibility for payment of this account for myself/ (or name of rider)

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