

SLEEPY HOLLOW HORSE RIDING PONY CAMP GENERAL INFORMATION & INDEMNITY

Pupil's Name: Date of Birth :

Mother's Name: Father's Name:

Residential Address : Postal Address:

.....
.....

Telephone Number : (Home).....

(Mom Work)..... (Mom Cell)

(Dad Work)..... (Dad Cell)

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

Emergency contact person: Emergency Tel.:

(other than parents or guardian)

Doctors Name: Doctors Tel No:

Does your child have any medical problems, operations, illnesses or allergies? If so please describe in detail.

(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. Pupils are to be supervised by an adult before and after pony camp.
3. Please do not bring your dogs on to the property.
4. Pony camp fees are payable on the first participating day of each camp. *
5. One day's notice must be given of your intention to discontinue pony camp.
6. Sleepy Hollow cannot offer make-up days. Please remember that rainy days are a wonderful opportunity to learn practical and theoretical horsemanship which are necessary to become an accomplished rider.
7. Please complete the indemnity on the reverse side of this form.
8. Please pick up your child/children as soon as possible after the closing time as we do not have the staff to supervise children.

I give permission to take or have taken photographs of my child/said minor child 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.

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

SLEEPY HOLLOW HORSE RIDING MINOR INDEMNITY FORM

I, the undersigned in my capacity as parent / legal guardian of minor child do hereby consent to him/her being permitted to ride on any of the ponies / horses at Sleepy Hollow Horse Riding and to participate in all events at Sleepy Hollow Horse Riding. My child will abide to the rule that riding hats and the correct shoes must be worn. I, furthermore, in my aforesaid capacity, as well as and on behalf of the minor child, my spouse, children, dependants, common law spouse, life partner or family member hold harmless, indemnify, release and discharge Sleepy Hollow Horse Riding, its staff, employees, servants, instructors or representatives (collectively referred to as "the Owner") 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 the Owner and particularly on account of any injuries both to person or property which may result from the said child/children being on, 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, **AS HORSE RIDING IS AN EXTREME SPORT.**

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 my child may fall off the horse/pony and injure him/herself. MY CHILD IS RIDING AT MY/HIS/HER OWN RISK.

I furthermore undertake and agree that no action will be taken against the Owner by my self, in my capacity as parent / legal guardian of the said minor child/children 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 my child/children to be in good physical and mental condition and I warrant that he/she is 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 my child/children 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 inform my child to obey at all times, whether in the area or participating in any activity, any warning notices and instructions of the person in charge of the activity.**

I also acknowledge that the Owner 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/my child/children agree to comply.

Sleepy Hollow and/or its staff or any person directly or indirectly connected with the running of or providing of services to operator 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.....

.....
Signature & Name and Surname in print

.....
Witness Signature & Name and Surname in print

If Guardian: Address

Id.nr.

Telephone Nr.

Cell phone Nr.

.....
Letter of Authority attached - Yes No

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 (name of rider)