

Horse Sports Participants Indemnity & Waiver

Name of participant

Address..... Post Code

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge, and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___ Signature of rider.....

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___ Signature of guardian.....

***** Must be received with ENTRY FORM *****

Thorough Care SA classes are open to Thoroughbreds that meet the following criteria:

Horses that have been unraced or trialled but were purchased through a recognized auction house ie: Magic Millions, Inglis, Blood Stock Auction, Horses that have raced or trialled, Horses that have been unraced or trialled but have an active stable return during their life.



**THOROUGH
CARE SA**

Horse Race Name	
Life Number	
Brand Near Side Shoulder	
Brand Off Side Shoulder	
White Markings	
Sire	
Dam	

Racing Career if Known

Exhibitor Details

Name of Exhibitor	
Address	
Contact No	
Pic Number	
Email	

I.....(exhibitor name), give permission for Thorough Care SA to keep the above data on records as a way to track my Thoroughbred.

Signature.....