



KUNUNURRA AGRICULTURAL SOCIETY
(INCORPORATED)

POST OFFICE BOX 271
KUNUNURRA WA 6743

Release and Waiver of Liability for use of Equestrian Facilities

Full Name of User (and guardian if under 18 years).....

Address.....

StatePost Code.....Date of birth.....

Name of User Group (if applicable).....

In consideration for being permitted to use the Kununurra Agricultural Society Equestrian Facilities for horse activities, I, the undersigned, understand, acknowledge and accept that:

Horse activities are a dangerous recreational 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 activities.

I knowingly and freely assume all such risks, both known and unknown, and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activities.

I agree to follow the directions of any event organiser or official of the Kununurra Agricultural Society and that any misconduct or refusal by me to follow any 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 understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear an Australian Standards Approved helmet at all times whilst riding on Kununurra Agricultural Society Grounds and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times whilst riding and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___ Signature of user/guardian _____

Name of Witness _____ Signature of Witness _____

For Users of Minority Age (Under Age 18)

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

Dated: ___/___/___ Signature of user/guardian _____

Name of Witness _____ Signature of Witness _____