



## **Indemnity Form**

Mohegan Training Centre · 1594 Gnangara Road, Henley Brook WA 6055

Mobile 0419 984 367 · Email info@mohegan.com.au · Web www.mohegan.com.au

RELEASE AND WAIVER (	OF LIABILITY				
Name of Rider:					
Name of Guardian, if R	Rider under 18 years:				
Address (Street)					
Suburb		State		Postcode	
Telephone	Mobile		Email		
Rider's / Parent's Occu	pation:				
Emergency Contact:					
Discipline: Eventing ☐ specify)	Showjumping [	Dressage 🗌	Pleasure riding $\Box$	Other	(Please
Horse riding is a Dange	erous Activity:				
understand and ackno and unpredictable (ch understand and ackno agree that I ride at my agree not to drink alco	angeable) way, esp wledge that serious <b>i</b> own risk.	ecially if frig	ghtened or hurt. ath may result from	horse riding activit	ies.
Agistment					
I understand and acknown are agisted at my own damage that may occ	risk. Mohegan Trainir	ng Centre c	or Karen White is exp	oressly not liable fo	r any loss or
Conduct					
I agree to follow the ru clinics and workshops to follow any direction wi Training Centre NO MA whilst riding a horse. Health (Tick which opti	hat Karen White con I result in CANCELLAT TTER where that may	duct off the roccur. I c	e property and that booking and immed agree to wear a hel	t any misconduct o diate removal from	or refusal by me to a Mohegan
☐ I am in good health	n and I have no phys	ical disabilit	ties <b>OR</b> $\square$ I have	the following phys	sical disabilities:





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## **Effect of this Document**

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Mohegan Training Centre and Karen White, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated Signature of Rider/Guardian	
Where did you hear about Mohegan Training Centre and Karen White Yellow Pages $\Box$ Word of Mouth $\Box$	Local Paper
Driving past $\square$ Equestrian Federation $\square$ Website/ Search engine $\square$	
Other:	