



parent/guardian consent & indemnity

K Diamond Consulting Pty Ltd ABN 96 135 966 488 trading as GUNNAMATTA TRAIL RIDES

PRIVACY STATEMENT — PRIVACY ACT 1988 By completing this form you are supplying Gunnamatta Trail Rides with personal information that is needed to ensure your safety during your time with us. We are required to collect this information by our insurance company and by the department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any purpose other than which is stated below.

This document is a deed poll in favour of K Diamond Consulting Pty Ltd trading as Gunnamatta Trail Rides (**supplier**) of 150 Sandy Road, Fingal 3939 (**Centre**) and its officers, employees, representatives, agents, contractors and volunteers (**Personnel**).

I, the undersigned, am aged over 18 years of age and am the parent or legal guardian of the participant or participants named on this form, see details below and overleaf. (**Participant**)

I consent to the Participant attending Gunnamatta Trail Rides to take part in horse riding activities and any other activity offered by the Supplier or otherwise in connection with it (**Activities**).

I acknowledge and agree:

- that I have read and understood the Supplier's rules and any other rules applying to the Activities;
- that the nature of the Activities involves being in the vicinity of horses and may include horse riding and that risks may arise during these Activities, including the risk of Personal Injury (as defined below);
- that the Supplier would be unable to feasibly operate the Business if it were liable for such risks; and
- that the Participant attends Gunnamatta Trail Rides and participates in all Activities at my own risk.

I indemnify Gunnamatta Trail Rides and each of its Personnel against any and all losses, costs, damages, expenses and liabilities (including legal costs on a full indemnity basis) sustained or incurred by Gunnamatta Trail Rides or any of its Personnel in connection with:

- any claim, action, demand or proceedings (whether based in contract, tort (including negligence) or otherwise) by any person in relation to any Personal Injury occasioned by the Participant at, or as a result of, the Centre, or in the course of, or as a result of, any Activities;
- any failure of the Participant to follow any rules of the Centre or any directions given by Gunnamatta Trail Rides or its Personnel; or any act or omission of the Participant at the Centre or in the course of any Activities which causes or contributes to Personal Injury to any person.

In this deed poll, a reference to Personal Injury includes: death; physical or mental injury (including the aggravation, acceleration or recurrence of such an injury); the contraction, aggravation or acceleration of a disease; the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behavior, course of conduct or state of affairs:

- that is or may be harmful or disadvantageous to the person who suffers it or the community, or
- that may result in harm or disadvantage to the person who suffers it or the community.

I agree that in the event of the Participant being involved in an accident, becoming ill, or otherwise requiring medical treatment or care, Gunnamatta Trail Rides or its Personnel may, in their absolute discretion, obtain medical treatment for the Participant & that I must pay all expenses incurred in obtaining such medical treatment or care.

Signed, sealed & delivered as a deed poll by a parent or guardian of the Participant who is under 18 years:

PARENT OR GUARDIAN DETAILS

YOUR NAME: MOBILE PHONE:

EMAIL:

Please tick here if you do not wish to receive promotional information from Gunnamatta Trail Rides

AUSTRALIAN ADDRESS: STATE: POSTCODE:

YOUR COUNTRY (if not Australia) :

SIGN HERE >>> SIGNATURE DATE: / /

INFORMATION ABOUT EACH PARTICIPANT TO BE COMPLETED BY THE PARENT/GUARDIAN

PARTICIPANT 1 NAME: DOB: / /

1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+

2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+

3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+

For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.

4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO

Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other

If yes please circle the condition and give details to our receptionist.

(PLEASE SEE OVERLEAF FOR ADDITIONAL PARTICIPANT ENTRY SPACES)

INFORMATION ABOUT EACH PARTICIPANT TO BE COMPLETED BY THE PARENT/GUARDIAN

PARTICIPANT 2 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 3 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 4 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 5 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 6 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 7 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PARTICIPANT 8 NAME: DOB:/...../.....

- 1. How many times has this person ridden a horse in the past 12 months: 0 1 2 3 4 5+
 - 2. How many times has this person ridden a horse in total: 0 - 10 10 - 50 50+
 - 3. Person's weight range: under 70kg 70 - 90kg 90 - 100kg 100kg+
- For the riders safety and the welfare of our horses we have a maximum weight capacity of 95kgs. Height to weight ratio is considered as is riding experience, we reserve the right to weigh any intending rider.*
4. Does this person suffer from any of the following medical conditions that may effect the risk to them that may result in loss, damage or injury? YES NO
Including but not limited to Asthma, Diabetes, Epilepsy/Fits, Fainting, Disability, Back Injury, Heart Condition, Recent Injury, Allergic Reactions, Medications or Other
If yes please circle the condition and give details to our receptionist.

PLEASE NOTE OVERLEAF MUST BE COMPLETED