



**Parental Consent for
 "Unsupervised Rider"
 at the REA
 (16 y/o to 18y/o. only)**

I _____ being a financial member of
 the REA and a parent / guardian of _____

whose date of birth is ____/ ____/ ____ give permission for the abovementioned
 child to ride a horse in the Redlynch Equestrian Park grounds without my
 direct supervision, or that of any other / parent / guardian/ appointed adult.

I understand that my child must have attained the age of 16yrs to obtain this
 unsupervised status, and that it is contingent on the parent/guardians
 assessment of that particular child's level of riding skill, general maturity and
 their knowledge of REA Rules and Regulations when using the REP.

I understand that friends and visitors of my unsupervised child are not
 permitted to ride at the Redlynch Equestrian Park without my direct
 supervision.

I understand the REA Committee may withdraw permission, in writing, for a
 rider with unsupervised status, if a formal complaint is received, if the safety of
 other REA members, visitors or night agistees has been compromised by the
 actions of my unsupervised rider.

This permission is valid for the duration of the REA membership of parent and
 child, unless written advice is received that this is no longer the wish of the
 parent / guardian.

*[This form is to be read and understood in conjunction with the Disclaimer on the final page of the Rea
 Membership Application.]

Signature of Parent / Guardian: _____

Date: _____/_____/_____

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Received by the REA on: ____/____/20__

Approved By: _____

Disclaimer*

I, _____ hereby acknowledge that I use the REP at my own risk and that I am aware that activities involving horses can be hazardous and that the servants, agents, representatives or volunteers accept no responsibility or liability for any injury or loss that I or my horse might sustain as a direct or indirect consequence of using the REP whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers, except in regard to any rights they may have arising under the Trade Practices Act 1974.

I agree that I will obey and will comply with all rules and/or directions made or given by the REA in connection with the use of the REP. In particular I acknowledge that I must wear an approved helmet at all times whilst riding and appropriate footwear when handling and/or riding my horse.

I agree to indemnify the REA against all claims made by any other person against the REA in respect of any injury, loss or damage suffered by myself, my horse or by any person or their horse arising from or in connection with the my riding activities, whether such injury, loss or damage was caused directly or indirectly by any action of the REA.

I hereby release the REA from all such claims, and indemnify the REA against all claims made by or on behalf of any other person.

I acknowledge that I must report all accidents, injuries, loss or damage to the REA when I become aware of them.

If I suffer any injury or illness whilst at the REP, I agree that the REA may provide evacuation, first aid and medical treatment at my expense, and my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid/or medical treatment.

In the case of children under the age of 18 years this notice provides an indemnity, the terms of which are.

I, _____ being the parent/guardian of the rider/non-rider, hereby agree that by signing this notice I will keep REA fully indemnified against any and all claims of what so ever kind or nature that my child might make against REA, as a consequence of any injury or loss sustained through any of the equestrian/agistment activities or in respect of any claims that may be made against REA as a result of an act or omission of the rider/non-rider generally acknowledge and accept all terms and conditions of the disclaimer set out above.

I also acknowledge that being the parent/guardian of the rider/non-rider under 18 years of age I am responsible for providing supervision at all times.

Signature: _____

Date: _____