

**DISCLAIMER / INDEMNITY FORM**  
**PLEASE READ CAREFULLY, REGISTRATION &**  
**PAYMENT TO ATTEND TREKS IS**  
**ACCEPTANCE THAT DISCALIMER HAS BEEN**  
**READ AND UNDERSTOOD.**

Terms and Conditions:

This event is made possible by permission of land owners and occupiers of land. I accept they have given permission on condition that I release and indemnify them from any liabilities, claims, losses, damages or expenses whatsoever including any liability under the Health and Safety Employment Act 1992.

I understand that participating in this event involves riding on public & private property consisting of roads and tracks used by other traffic and am aware of the hazards involved in that & in horse riding in general.

I understand that participating in the trek involves a risk of injury or death. In entering the trek I confirm that I am physically fit and do not suffer from any medical condition, disability or lack of skill which would render me unsuitable to ride.

I understand I have sole responsibility for my horse, equipment, vehicle and other possessions during the period of the event.

By participating I expressly accept all risks personally and release the organisers, guides, land owners / occupiers and other persons involved in the event from any liability, claims, damages or expenses caused by the event, including but not limited to any personal injury or death, any emotional or nervous disorders, any medical condition or suffering, any property loss or damage.

I acknowledge that smoking may be banned by the trek master whilst riding through forestry, bush or other areas.

I understand that my horse is of suitable nature and temperament for this type of event. I also understand that my horse is of good health & fitness.

I agree to follow the direction of the trek master or their representatives and abide by their decisions. It is strongly recommended to wear riding helmets.

Any questions in regard to the above please phone: 07 312 4758

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**REGISTRATION:**

**Trek date:**

NAME:

ADDRESS:

PHONE:

EMAIL:

PAYMENT:..... SIGN.....