

# Lazy W Western Riding Club Inc

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## **Indemnity, Release & Waiver of Liability**

I understand and acknowledge that all aspects of handling, working with an in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and / or attend any show/training day/ clinic conducted or authorized by Lazy W Western Riding Club at my own risk and to indemnify and keep indemnified the organisation or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/riding/ exhibiting at the show/training day /clinic and agree to exonerate the committee of management of the show /training day / clinic together with any other organisation or person involved in the conduct of any HSAA or AQHA show / training day / clinic from all loss or injury to me whether due to alleged negligence or otherwise.

I agree for this to apply for the whole 2010 –2011 season (1 July 2010 – 30 June 2011)

**Name** .....

**Signature** ..... **Date** .....

NB Parent or Guardian must sign on behalf of Youth competitor/s

Name of Youth .....

Name of Youth .....

Name of Youth .....

**Parent or Guardian Signature** ..... **Date** .....