

# INDEMNITY FORM

## WORKSHOPS / SEMINARS / CLINICS



Please complete and email to [anne@annescharlow.com](mailto:anne@annescharlow.com)

I, the undersigned, \_\_\_\_\_ (full names) in my capacity as participant and/or legal guardian of a minor child \_\_\_\_\_ (full names) agree as follows:

1. I acknowledge and accept that there are inherent dangers in working with horses and I fully understand the nature of the risk and the need for the participant to take all reasonable precautions.
2. I accept and voluntarily assume the risk inherent in my and/or child's use of the yard facilities. I, release Anne Scharlow & \_\_\_\_\_ (the workshop venue), its staff, grooms and representatives from any duty of care towards me and/or my child and from liability towards any claim that could accrue arising from my and/or his/her participation in working with horses or any related activities, or of any loss of or damage to my and/or his/her property (whether physical, emotional and/or financial).
3. Such activities will include but not be limited to riding, working with horses on the ground, handling horses or any other activity undertaken by participants in this workshop / clinic / seminar.
4. In the event of an accident involving me and/or my child there is no obligation on Anne Scharlow & the workshop venue to secure for me and/or my child's medical treatment; however I do hereby authorize Anne Scharlow to act in my and/or his/her best interest, which may include the obtaining of the necessary emergency medical treatment, which shall be for my account. In such an event Anne Scharlow will advise the contact person listed herein of the situation at the earliest possible opportunity but is authorised to secure medical treatment without prior consultation.
- 5 Anne Scharlow, nor its staff shall be liable for any loss or damage to property brought to the yard, for example money, cell phones, tack and clothing.

Participant / Guardian's ID Number: \_\_\_\_\_

Contact number (Mobile): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternative Name & Contact number: \_\_\_\_\_

Thus done and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature: \_\_\_\_\_