



INDEMNITY FORM

I, (full name) _____, the
undersigned, a (occupation) _____ with
identity number _____

Hereby acknowledge and accept that there are inherent dangers in horse riding and I fully understand the nature of the risk and the need for the rider to take all reasonable precautions.

I accept and voluntarily assume the risk inherent in my or my child's participation in horse-riding activities. I, together with my child's heirs, executors and administrators release

Disa Riding School, its officers, stewards, agents, grooms and representatives from liability towards any claim that could occur to me, my child or his/her heirs, executors or administrators arising from his/her participation in horse riding or any related activities, or of any loss of or damage to his/her property (whether physical, emotional and/or financial).

Such horse riding activities will include but not be limited to riding, working with horses on foot or any other activity undertaken by participants in a riding lesson.

In the event of an accident involving myself or my child there is no obligation on Disa Riding School to secure for my child's medical treatment, however I do hereby authorise

Disa Riding School to act in 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, Disa Riding School 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.

Neither Disa Riding School nor its staff, agents or premises shall be liable for any loss or damage to any property brought on to the grounds.

SIGNED..... for and on behalf

of.....

At this..... day

of..... 2025.

As Witnesses:-

1.....

2.....