

PARTICIPANTS DISCLAIMER



This is an important document which affects your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask your tutor or other Wilts EAL representative.

Participant Name:

Address:

THE BUSINESS AND ACTIVITIES

Wilts EAL offers an opportunity for you to interact with horses on the ground and take part in a variety of horse-related activities. This might be with or without horses, loose in an enclosed area such as a round pen or arena or in a large open paddock with a number of horses or with one horse on the end of a halter and lead rope. There is no riding offered as part of this activity.

Please give details of any medical conditions which may affect you during this activity.

ACKNOWLEDGEMENTS

Whilst all activities are carefully assessed for risk I acknowledge that horses can be dangerous and may behave unpredictably or in ways which may cause injury, disability or damage to persons or property. I understand and acknowledge that I may be injured or my personal property may be lost, damaged or destroyed whilst taking part in this activity. Other people may cause me injury or may damage my property or I may cause injury to other persons or damage their property. I am taking part in the Activities voluntarily.

RISK WARNING

I acknowledge that I have been warned of the risks of taking part in equine assisted learning activities and the associated interaction with horses.

ASSUMPTION OF RISK

Notwithstanding the significant risks of physical harm and injury inherent in the Activity, some of which are noted above, I agree to participate in the Activity at my own risk.

WAIVER, RELEASE AND INDEMNITY

I agree to release and hold harmless Wilts EAL and its servants, employees and agents from and against any liability arising out of any injury, loss, damage or death caused to me or my property or any other person arising from or in connection with my participation in the Activities whether such injury, loss, damage or death was caused directly or indirectly by negligence, breach of contract or any way whatsoever.

I agree to indemnify and hold harmless Wilts EAL, its servants, employees and agents from all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in the Activities.

MISCELLANEOUS

I agree to comply with all rules and directions made or given by Wilts EAL in connection with the Activity. I understand that if I fail to comply with the rules and/or directions of Wilts EAL I may be injured or injure someone else. Further I understand that I will not be permitted to continue with the Activity. I agree to report all accidents, injuries, loss or damage sustained by me to Wilts EAL before I leave the site on which the Activity is performed. I agree that if I suffer any injury or illness I agree that Wilts EAL may provide or arrange evacuation, first aid and medical treatment.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME.

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Signature of participant

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Date

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Witness name

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Witness signature

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Witness address

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Date