NOORDHOEK
RIDING CLUB

INDEMNITY

GIVEN IN FAVOUR OF NOORDHOEK HORSE RIDING NPC (REGISTRATION NUMBER: 2017/076819/08), KNOWN AS "NOORDHOEK RIDING CLUB" (HEREINAFTER REFERRED TO AS "NRC")

PLEASE READ CAREFULLY AND SIGN BEFORE ENTERING THE PREMISES OR PARTICIPATING IN ANY ACTIVITIES AT THE PREMISES

IF YOU ARE UNDER THE AGE OF 18, THIS INDEMNITY MUST BE SIGNED BY YOUR PARENT OR GUARDIAN ON YOUR BEHALF

You are entering the premises of the NRC ("the Premises") as a visitor, a spectator and/or a participant in the activities at the Premises, which may include amongst other things, horse riding and jumping.

By entering the Premises and/or participating in any activities of whatsoever kind at the Premises, I assume all risk and danger incidental to my attendance at the Premises and that I (or my parent/guardian who signs this indemnity on my behalf, as the case may be) hereby gives the following acknowledgements, undertakings, warranties and indemnities to NRC: -

1) I acknowledge that I am aware that there are horses, other animals, and other people, including young children, at the Premises and that I am required to conduct myself responsibly and with due care and respect to the animals and fellow attendants at the Premises and with regard to my and their safety.

2) I acknowledge that horse-riding is inherently dangerous and horses and/or the environment at the Premises is not always subject to the control of the horse-riders, the coaches and/or NRC and I hereby undertake to exercise the necessary caution, care and diligence whilst at the Premises and interacting with horses.

3) I warrant that I am a sufficiently experienced and qualified horse-rider to be undertaking the level of riding and jumping that I will do whilst at the Premises and I hereby undertake to NRC that I will not engage in activities that are beyond the scope of my experience and level of skill. I acknowledge that NRC does not monitor riders and that it is my sole responsibility to ensure that I only partake in activities for which I am adequately experienced.

4) I undertake that throughout my time at the Premises I will comply with any instructions/requests made to me by NRC from time to time.

5) I do hereby, for myself, my heirs, executors and assigns, indemnify and hold harmless NRC, its directors, members, employees, club members, representatives, against any and all of my claims, loss and/or damage of whatsoever nature, howsoever arising, which I, my pet, and/or my horse, may sustain at the Premises.

6) Without limiting the generality of the indemnity given in (5) above, I agree that the indemnity given herein shall extend to all and any claims and damages in respect of disability, injury, death, medical, hospital, or chemist accounts, delays, loss of income, and loss of property and whether or not such claims or damages arise from the negligence of NRC, its directors, members, employees, members, club members and/or any other person at the Premises.

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7) I hereby authorize NRC to direct any first aid qualified person to perform first aid medical treatment at the Premises should it become necessary. I further authorise NRC to give permission to a hospital or medical doctor to perform any necessary treatment in case of an emergency. I hereby indemnify and hold harmless NRC or its representatives against any claims of whatsoever nature, whether direct or indirect, arising out of the medical assistance authority that I grant in this paragraph (7). I undertake to be fully responsible / liable for any medical and related costs incurred in connection herewith.

8) I undertake to be fully responsible and liable for any and all damage that I cause to the Premises, its fittings or fixtures, and/or to any of NRC property, including any horses, caused through my negligence, misconduct or other means.

9) I hereby certify that I have read and understood all of the details of this Indemnity. Where I am signing as a parent or guardian on behalf of a minor, I undertake to explain the contents of this form to the minor person on whose behalf I am acting, and signing this Indemnity.

FULL NAME OF PERSON ATTENDING AT THE PREMISES:

_____

IF THE PERSON IS UNDER THE AGE OF 18

FULL NAME OF PARENT OR GUARDIAN:

_____

DATE:

_____

TIME:

_____

CONTACT TELEPHONE NUMBER:

_____

NEXT OF KIN / EMERGENCY PERSON AND RELATIONSHIP TO THE PERSON ABOVE:

_____

NEXT OF KIN CONTACT TELEPHONE NUMBER:

_____