

## Gippsland Team Penning Association Inc.

### Member Indemnity Waiver 2024-2025

In consideration for being permitted to participate in any way in Team Penning and other associated activities and to be accepted as a participant at a Gippsland Team Penning Association Inc at which my nomination is accepted. I the undersigned, understand, acknowledge and accept that: -

1. Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable way, especially if the animal is frightened or hurt.
2. There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse and cattle related competition or activities.
3. I knowingly and freely assume all such risks, both known and unknown, arising when participating in a Gippsland Team Penning Association Inc event, that I voluntarily **PARTICIPATE AT MY OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities related to events run by any Gippsland Team Penning Association Inc and or its affiliates.
4. I agree not to drink alcohol or take drugs prohibited by law before or during any Gippsland Team Penning Association Inc horse event.
5. I agree to abide by the rules, regulations, code of conduct and follow all instructions of the Event Organisers and Officials of Gippsland Team Penning Association Inc event and/or management/organisers of activities approved by Gippsland Team Penning Association Inc. My failure or refusal to do so can result in my immediate disqualification from the Gippsland Team Penning Association Inc activities and forfeit all fees paid.
6. All Members and participants are required to wear an approved safety helmet of the current approved standard, securely fastened under the chin, at any time whilst mounted at any Gippsland Team Penning Association Inc and or affiliated activity.
7. I understand that Gippsland Team Penning Association Inc and/or management/ organisers take due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of Team Penning activities is maintained in good condition and the Official representatives of Gippsland Team Penning Association Inc are appropriately experienced. I also understand that neither Gippsland Team Penning Association Inc or organisers of affiliated events will be liable for any loss, damage or injury suffered by me or any child under my care as a result of participating in Team Penning related horse activities.
8. I further confirm I am in good health and do not suffer from any disability or ailment which will affect my ability to participate. I have had sufficient opportunity to read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind.
9. I understand that the owner or Person In Charge of the HORSE(S) AT THIS EVENT IS EXPECTED: to not bring sick or injured horses to the event. Sick or injured animals may get worse during transport and/or infect other horses. I agree to visually inspect my horses prior to being transported and/or check temperatures on the morning of travel to the event. If in doubt, ask your vet to examine the horse, I agree to provide truthful, accurate information as required, to carry out instructions from Gippsland Team Penning Inc officials to monitor horses' health throughout the event and notify a Gippsland Team Penning Inc official if they see any signs of illness. If you notice strange behaviour or signs of disease in your horse, or any horse, report it immediately to the event organisers so they can determine the risk to other horses. Do not move the horse.
10. Members agree to ensure that the tack being used on the horse is correctly fitted and safe.
11. I understand that my signature to this document constitutes a complete and unconditional release of all liability of Gippsland Team Penning Association Inc and Organisers to the greatest extent allowed by law in the event that me and/or the children under my care suffer injury or death as a result of participating in Team Penning related activities.

Member Name:-	
DOB:-	
Address:-	
Phone:-	
Mobile:-	
Signature:- (Parent/legal guardian to sign where Member is under 18 years of age)	
<b>Self-acknowledged level of experience in the following areas.</b>	
Horse Riding Experience:-	
Horse/Cattle Work Experience:-	