



Bestbrook Mountain Resort
 9790 Cunningham Hwy
 Maryvale QLD 4370
 Phone: 07 4666 1282
 Fax: 07 4666 1291
bestbrook@bestbrook.com.au
www.bestbrook.com.au
 ABN: 89 901 379 688

**Bestbrook Mountain Resort
 Confidential Riding Application and Medical History Form**

(Office use only)

Day Visitor/House Guest. Quoted: \$..... Paid: \$..... CHARGE CARD # _____

(Please print)

NAME (Rider):

AGE: (if under 18); Over 18 (check box). **Date of Birth:**/...../.....

Address:

Suburb/Town: **Postcode:**

Phone: **Work:** **Home:** **Mobile:**

Email: Gender: **M F**

How did you hear about us:

Height: Under 4' (122cm) 4'-5'4" (122-163cm) 5'4"-6' (163-183cm) over 6' (183cm)

Weight: Under 40kg 41-70kg 71-90kg 91-110kg Over110kg

I am applying to ride at Bestbrook Mountain Resort and I agree to the following terms and conditions:

- I will only ride the horse in a safe and controlled manner.
- I will wear an Australian Standard Approved helmet ASNZ 3838 and the correct footwear at all times.
- I will read and follow all signs on the property and follow all the staff's instructions.
- I consent to being evacuated & to the provision of first aid & medical treatment if I am injured or become ill.
- I agree to pay for any such evacuation or provision of first aid or medical treatment.
- I agree not to ride if under the influence of alcohol or drugs.
- I will always stay in single file in the sequence designated by the Trail Boss.
- Prior to the ride you will be given basic riding instruction which must be followed at all times.
- Bestbrook may cancel my ride without refunding any fee if I do not comply with any of these terms & conditions or instruction from the Trail Boss.
- I understand that horse riding can be dangerous.

Riding experience (1) The number of times the rider has ridden in the last 12 months.
 (2) Indicate below the number of times the rider has ridden in total.

(Please circle)

0 - 10	10 - 20	20 - 50	50 - 100	100 +
Little experience	Some experience	Average experience	Experienced	Very experienced

The following information is intended to assist the riding school in case of any emergency with you/your child.

Emergency Contacts:

Name	Relationship to rider	Home No.	Work No.	Mobile
*To be completed if rider is under 18	*Parent/guardian			

Medication Form for Trail Rides and Camps

Please circle if you (or your child) suffer from any of the following:

Any pre-existing medical or other condition that may affect **the rider** or **camp participant** or put **other people** at risk:

Asthma, Diabetes, Epilepsy, Fits, Fainting, Dizziness, Blackouts, Migraines, Disability, Heart, Blood Condition, Back problems, Pregnancy, Uneven Pupils, Recent Injuries, Medications.

Other.....

Allergies: (Penicillin, Peanuts, Bee's etc)

Describe:

Describe reaction:

Tetanus Immunisation

It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT.

Year of last tetanus immunisation

(Note: this is appropriate for ongoing lesson situation or Camps, not for one off trail ride)

Medication

Is it necessary for the rider or camp participant to take medication any time during their stay at Bestbrook? **YES/NO** All drugs must be clearly marked with name, dosage etc.

If yes please complete the following:

Name of drug: Dosage: Frequency:

Name of drug: Dosage: Frequency:

Name of drug: Dosage: Frequency:

Other special requirements:

Special Dietary requirements:

Consent to Medical Attention

I authorise the instructor or camp coordinator in charge to administer this medication or first aid and call an ambulance if necessary for the medical attention of myself/my child. I agree to bear any cost thereby incurred.

Camp participants only please supply:

Medicare number: **Private Health Insurer number:**

Signature of Applicant: Date:

Signature of Parent/Guardian: Date:

(if rider is under 18 years of age)

Name of Parent/Guardian: (Please print)

**In the event of an accident or emergency please notify reception on
4666 1282 and or call 000
Property address 9790 Cunningham Highway Maryvale QLD 4370**

Privacy Statement – Privacy Act 1998

By completing this form you are supplying Bestbrook Mountain Resort with personal information about yourself. This information is needed to ensure your safety during your time with us. Bestbrook Mountain Resort is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.

**LIABILITY WAIVER FORM
EXCLUSION OF CERTAIN RIGHTS TO SUE**

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances, {or might reasonably be expected to achieve the result you have made known to the seller}

Name and address of Provider

TYCHO PTY LTD trading as BESTBROOK MOUNTAIN RESORT

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services

Horse riding including, lessons, pony rides, trail rides and other horse related activities. Off road & 4x4 driving, trail/motor bike & quad riding. Bicycle riding. Bush walking, camping, bush golf, fishing, swimming, tennis, orienteering, general activities.

Steps taken by Provider to avoid the danger of personal injury or death.

Instructions written and verbal, signs, staff training, maintenance schedule of Bestbrook riding tack and equipment, maps, general rules, emergency procedures and evacuation plans.

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and signature

By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may cause me and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.

Signature of Participant and parent/guardian if participant is under 18

Address

Printed name (s)

Participant

Parent/guardian

State: _____ Post Code: _____