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Maryvale QLD 4370
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ABN: 89 901 379 688

Parent Led Ride / Horse sitting Application Form (Please print)

NAME (Rider): **AGE:**..... **Date of Birth:**/...../.....

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Name:

(If not a registered guest) Address:

Suburb/Town: **Postcode:** **Mobile:**.....

Email:.....

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

- I will follow instruction to the best of my ability.
- 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 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 instructions.
- I understand that horse riding can be dangerous.

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 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. etc
Other.....

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

Describe reaction:

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 or dependants. 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 for Workplace Health and Safety requirements. The information you provide us will not be supplied to any other organisation or used for any other purpose other than for insurance, medical or catering requirements.

**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 and 4x4 driving, trail/motor bike and quad riding. Bush walking, camping, bicycle riding, bush golf, fishing, orienteering, swimming and other general activities including being on the property.

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 dependant's 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 my dependants personal injury or death that result from any negligence caused by the provider. I accept that this form is valid for 12 months from the date of my signature.

Print Name of family/booking name:	Signature of family/booking name if over 18:	Date
Print Guardians name:	Signature of Guardian:	Date
Address guardian:		Phone:
Email:		