



**WAIVER OF LIABILITY & LEGAL RELEASE  
FOR  
PINBARREN GREEN PTY LTD**  
340 POMONA KIN KIN ROAD, PINBARREN, 4568, QUEENSLAND

Date \_\_\_\_\_

(Please Print Clearly)

I, \_\_\_\_\_, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against SARAH KEATING OR SIMON MARSH, Pinbarren Green Pty Ltd their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless The Keatings' or Marshs' or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk and am aware that participating in this activity could result in serious injury or death.

**I understand** that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things galloping over uneven terrain, jumping obstacles and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding.

**I agree** to take full responsibility for myself and the animal I am riding or for anyone else who I allow to ride/handle said animal. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

**Medical Release Horse/Rider**

**I further agree** to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride on Pinbarren Green Pty Ltd . I have taken out full insurance for both myself and my horse.

**Initial : .....**

I have read and understand this liability release. Date \_\_\_\_\_

**Print Name**

**Rider Signature**

*(Signature of Guardian if Rider is a Minor)*

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Address

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phone

*In Case of Accident Notify:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Any Known Allergies or Medical Conditions:**

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**Initial: .....**