DECLARATION OF FITTNESS TO RIDE

I hereby declare that I am physically fit. I do not and have not, suffered from any of the following conditions, which I understand my lead to a dangerous situation with regard to other persons or myself during riding activities.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participation in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if any injury is sustained of any kind during the course of riding activities, I will notify the instructor / guide / employee of the insured immediately and before moving away from the immediate vicinity.

I have read the above Declarations, understand them, and I agree to be bound be them.

S/_____ _____ _____

Signature of Adult Participant | Name of Adult Participant (Please Print) | Date

_____ _____

Address of Adult Participant | Contact Number

S/_____ _____ _____

Signature of Parent if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have. | Name of Parent or Guardian (Please Print) | Date

_____ _____

Address of Parent of Guardian | Contact Number

_____ _____

Name of Minor (Please Print) | Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the Instructor Guide / Employee of the insured immediately before you mount the horse or commence any activities.

Attention of the Authorized Insured Only (Counter – Sign upon full and correct completion)

S/_____ _____ _____

Counter – Signature of Authorized Insured | Name of Authorized Insured (Please Print) | Date