

# Riding for the Disabled Association of Western Australia Inc.

Developing abilities and enriching lives through therapeutic and recreational equestrian activities



## ONE-OFF RIDE FORM

I.....[insert name and address] .....  
..... hereby apply for a One-Off ride with .....  
.....[insert name of Centre and location] to be conducted on  
..... [Insert date] One-Off Ride.

In so applying and in consideration of my application for a One-Off Ride being accepted **I acknowledge and agree** that:

1. **“RDAA”** for the purposes of this application and declaration means and includes the Riding for the Disabled Association of Australia Incorporated, its members (including Member States and Centre Members) and where the context so permits, their respective directors, officers, members, servants or agents.
2. **If accepted I will be permitted** to participate in the One-Off Ride subject to my complying with the terms and conditions of the ride, this declaration and any reasonable direction issued by RDAA.
3. **This document cannot be amended.** If I do amend it my application will be null and void. It cannot be accepted by RDAA.
4. **The riding rules and this declaration** comprise a contract between me and RDAA. It is necessary and reasonable for promoting and conducting the One-Off Ride.
5. **Warning:** Participation in the One-Off Ride can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in the One-Off Ride.
6. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my participation in the One-Off Ride (if accepted) that RDAA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my participation in the One-Off Ride. I acknowledge that the services and benefits I receive in relation to the One-Off Ride are “recreational services” as defined under the *Trade Practices Act 1974*. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of RDAA flowing from them, are expressly excluded, restricted or modified by these One-Off Ride terms and conditions.
7. **Release and Indemnity:** In consideration of RDAA accepting my application for the One-Off Ride I:
  - (a) release and forever discharge RDAA from all Claims that I may have or may have had but for this release arising from or in connection with my participation in the One-Off Ride; and
  - (b) Indemnify and hold harmless RDAA to the extent permitted by law in respect of any Claim by any person including but not only another participant arising as a result of or in connection with my participation in the One-Off Ride.

In this **clause 8 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant RDAA insurance policy.

- 8. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in the One-Off Ride within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify RDAA in writing of any change to my fitness and ability to participate. I understand and accept that RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural) I am required to declare the nature of the condition with this application.
- 9. **Medical Treatment:** I consent to receiving any medical treatment that RDAA considers necessary or desirable during or after the One-Off Ride. I also agree to reimburse RDAA for any costs or expenses incurred in providing me with medical treatment.
- 10. **Privacy:** I understand that the information I have provided overleaf is necessary for the conduct of the One-Off Ride and for the objects of RDAA. I acknowledge and agree that the information will only be used by RDAA to facilitate the conduct of the One-Off Ride and other rides conducted by RDAA. I understand that I will be able to access my information through RDAA. If the information is not provided my application may be rejected.
- 11. **Copyright in photographs and right to use:** I acknowledge and consent to photographs being taken of me during my participation in the One-Off Ride. I acknowledge that the photographs are owned by RDAA. RDAA may use the photographs for promotional or other purposes without my further consent being obtained.

Yes  No

12. **I have provided the information required as requested and signed each of the documents herein.** I warrant that all information provided is true and correct.

**I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for the One-Off Ride is successful I will be entitled to participate in the One-Off Ride.

Signed ..... Date .....

Name .....

Where the applicant is under 18 years of age or cannot provide informed consent this form must also be signed by the applicant’s parent or legal guardian.

I..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this One-Off Ride application and declaration including the provision by me of a release and indemnity in the terms set out above. I consent to the applicant’s participation in the One-Off Ride.

Parent’s signature: .....(where applicant under 18 years old or unable to legally sign)

Print Full Name: ..... Date .....

**I. PERSONAL DETAILS****ONE-OFF RIDE**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ TITLE \_\_\_\_\_ (Mr,  
Mrs, Ms, Miss, Dr, Rev, other)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE WORK \_\_\_\_\_ HOME \_\_\_\_\_

FAX \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL \_\_\_\_\_

MALE  FEMALE  DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE AS OF 1<sup>ST</sup>

JANUARY IN CURRENT YEAR \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**2. EMERGENCY CONTACT**

SURNAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE WORK \_\_\_\_\_ HOME \_\_\_\_\_ FAX \_\_\_\_\_

MOBILE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**3. MEDICAL DETAILS**

If you have or have had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural) it may affect your efficiency to participate in the One-Off Ride, your safety and the safety of the public. Do you have or have you had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural)

YES  NO 

If YES, please state nature of disability or medical condition.

\_\_\_\_\_

\_\_\_\_\_

**4. DECLARATION** I have read, understood, acknowledge and agree to the declaration and application and conditions of the One-Off Ride over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**5. PARENT/LEGAL GUARDIAN CONSENT** (IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS OR WHERE INFORMED CONSENT CANNOT BE PROVIDED)

I have read, understood, acknowledge and agree to the declaration and application and conditions of the One-Off Ride over leaf and I personally consent to the declaration and application of the applicant.

SURNAME \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**6. OFFICE USE ONLY**

Date Application received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount paid: \$ \_\_\_\_\_ Receipt No.:

\_\_\_\_\_

Accepted / Rejected– Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of RDAA Officer: \_\_\_\_\_