

## RIDER LIABILITY WAIVER

"I wish to enter and participate in the \_\_\_\_\_ (name of ride) DRASA ride, to be held at  
(Venue/location) on \_\_\_\_\_ (date).

I HAVE READ the Rules, conditions and Regulations of the ride and will comply with them. I AGREE to abide by the rules of DRASA and the aforementioned event. I UNDERSTAND that Competitive trail Riding is a high risk activity, which involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and/or manmade hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control and unpredictable; that personal belongings can be damaged, lost, or stolen, and that accidents can happen to anyone at any time.

I AGREE to assume all risks associated with my participation in this activity, and I accept full responsibility for myself and the animal I am riding. As a condition precedent to my being allowed to participate in this activity, I agree that I WILL NOT SUE OR BRING ANY CLAIM AGAINST THE DISTANCE RIDING ASSOCIATION OF SOUTH AFRICA, ITS OFFICERS, RIDE MANAGEMENT, RIDE PERSONNEL, VOLUNTEERS, PROPERTY OWNERS WHERE THE EVENT TAKES PLACE, CLUB HOSTING THE EVENT, AND/OR ANY OTHER INDIVIDUAL MEMBERS THEREOF, (HEREAFTER REFERRED TO AS "THE RELEASED PARTIES") FOR ANY INJURY, ACCIDENT, DEATH AND/OR LOSS OF ANY KIND WHICH ARISES OUT OF THIS EVENT, AND WILL INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ALL LIABILITY FOR SUCH INJURY, ACCIDENT, DEATH OR LOSS, EVEN IF SUCH INJURY, ACCIDENT, DEATH AND/OR LOSS ARISES FROM THE ALLEGED NEGLIGENCE OF THE RELEASED PARTIES. I HEREBY CERTIFY THAT MY HORSE IS NOT UNDER THE INFLUENCE OF MEDICATION AND WILL NOT BE TREATED WITH OR GIVEN ANY MEDICATION PROHIBITED BY DRASA RULES. I HEREBY GIVE PERMISSION TO DRASA OR THEIR DULY APOIATED AGE, TO TAKE ANY APROPRIATE ACTION DEEMED NECESSARY TO CHECK TO FOR POSSIBLE ADMINISTRATION OF DRUGS TO MY HORSE.

I accept the responsibility for any and all costs related to the veterinary treatment and/or farriery of my horse at this endurance ride, as well as for costs related for any medical treatment of myself or my under-aged child, and to settle any such account myself. I agree that the treating veterinarian has the right to administer to my horse any treatment that he/she in his/her opinion regards as essential lifesaving treatment and that I may not refuse such treatment and that I will pay any costs related to such treatment. I accept and agree that the veterinary treatment facility does not provide 24-hour per day monitoring of patients. Should I wish to have my horse monitored 24 hours per day whilst under treatment, I will make arrangements with the treating veterinarian in this regard. I accept that there is some degree of risk attached to any veterinary medical or surgical procedure or treatment, and I hereby indemnity and absolve the veterinarians, supporting staff and this facility from all actions or liability, arising directly or indirectly from veterinary treatment/anaesthesia/surgery. I have arranged appropriate insurance cover for any loss or damages of whatsoever nature that may arise from this, alternatively, I accept that I self-insure for any loss or damages. I also agree that, should I not provide the contact details for medical emergency transport on the entry form or otherwise to the Organisers, I herewith authorise and give full power to the medical staff and/or the officials of the ride to act on my behalf and that I accept full responsibility for the costs resulting from this.

I further confirm that, where I am the rider but not the owner of the horse, I have full authorisation to legally bind the owner of the horse to the terms and conditions as contained herein.

Full Names and Surname

ID Number

DRASA Number

Signature

Date