



WORKER LIABILITY WAIVER

WORKING AT COMPETITIVE TRAIL RIDES CAN BE DANGEROUS. WE REQUIRE VOLUNTEER WORKERS AND JUDGES TO ASSUME ANY AND ALL RISK BY SIGNING THE FOLLOWING RELEASE:

I wish to volunteer as a worker in the capacity of Judge, Recorder, Pulse Monitor, driver, safety rep, timer, vet ride manager, secretary or any other capacity, including Management, for the _____ (Name of ride) Competitive Trail Ride being held at _____ (Name/Venue) on _____ (date)

As a Volunteer I understand that working at a Competitive Trail Ride 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. THE UNDERSIGNED, on behalf of myself, my personal representatives, assigns, heirs and next of kin, hereby releases, indemnifies and agrees to hold harmless the DISTANCE RIDING ASSOCIATION OF SOUTH AFRICA, its officers, ride management, ride personnel, volunteers, property owners where event takes place and/or any other individual members thereof (hereafter "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, loss or death, even if such injury, loss or death arises from the alleged negligence of the released parties. I further agree that my participation in this activity constitutes an "equine activity", where it involves the handling of horses.

MY SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS. I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE .

Full Names and Surname

ID Number

DRASA Number

Signature

Date