



Trevena Glen ◻ 1100 Winn Rd, Mt Samson, QLD 4520

PO Box 737 Samford ◻ Ph 07-32894257 ◻ Fax 07-31731934

Email [info@trevenaglen.com.au](mailto:info@trevenaglen.com.au) ◻ Web [www.trevenaglen.com.au](http://www.trevenaglen.com.au)

Grookea Enterprises ◻ Trustee for Grookea Trading Trust ◻ ABN 41 183 162 938

## HORSE RIDING INDUCTION

### 1. SAFETY INDUCTION

#### 1.1. Horse Security

Horses are to be secured at all times. The various ways in which they can be secured are:

- Halter and lead rope with a hand holding the lead rope
- Bridle and reins with student holding the reins
- Tied safely to the float, wearing a halter and tying the lead rope in a quick release knot on twine
- Tied to another secure object (as authorized by the instructor) in the same manner as being tied to a float

In the event that you are unable to tie up a horse please advise us and we can make arrangements to tie them up or place them in the yard.

#### 1.2. Safety Around Horses

It is our aim that you have an enjoyable time however there is also a serious side to horse activities. Horses can be dangerous creatures and may often react instinctively and without warning. They are big, strong animals and are capable of causing serious injury or death. Horses do not have reasoning powers and may react in an unforeseen way even when there is no obvious danger in the reasoned opinion of the human.

We have attempted to provide a list of the safety procedures whilst around horses. This is not an exhaustive list as we cannot account for every possible situation. We therefore ask that you exercise caution, adopt a common sense approach at all times, and alert us to any situation that you feel may be dangerous.

- Only handle your own horse and do not approach other horses
- Refrain from any sudden movement or sudden noise, such as running, yelling etc.
- Do not approach a horse directly in front of it or directly behind it as these are its two blind spots – instead approach from the side and use your voice to make the horse aware that you are approaching
- Unless necessary (e.g. cleaning out hooves), always keep a safe distance from the hindquarters of a horse (2 metres minimum)
- Be aware of aggressive body language of a horse such as laying its ears back or baring its teeth or move it's hindquarters toward you
- Riders are to ensure that their horse keeps a minimum of one horse length (approximately 2.5 metres) from other horses
- Please advise the instructor if you see the horse has any vices such as biting, kicking, rearing, bolting, bucking etc.
- Students are to wear appropriate footwear (e.g. closed-in shoes) around horses
- Any horse that has, or is suspected of having, an infectious disease (such as a virus, fungal infection etc.) is not to be brought onto the property

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STUDENT/Parent Name & Signature

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DATE



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## WAVIER OF LIABILITY

Full Name of participant (and guardian if under 18 years) \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. There is a significant risk that serious INJURY or DEATH may result from horse sport activities. I knowingly and freely assume all such risks, both known and unknown, and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I agree to follow the directions of any staff member or volunteer and that any misconduct or refusal by me to follow any direction of any staff member or volunteer can result in the CANCELLATION of my participation in the activities and my immediate removal from the horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding where this is required under the relevant state laws, industry regulations and best practice and agree that I am solely responsible for ensuring that whilst riding I wear a suitable helmet at all times where required to do so and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

With respect to participants of Minority Age (Under Age 18). This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

\_\_\_\_\_  
STUDENT Name & Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S Name & Signature

\_\_\_\_\_  
DATE



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### Personal Consent and Medical Form

#### 1. Personal Details

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Parents/Guardian's Names (if applicable): \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Are you a member of a private health fund? Yes / No

If yes, name private fund and member number: \_\_\_\_\_

Are there any custody issues involving your child? Please give details: \_\_\_\_\_

\_\_\_\_\_

#### 2. Emergency Contacts

If I cannot be contacted, please contact the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

#### 3. Safety & Care Details

**Signature**

We agree that in the event of an injury to our child, Trevena Glen staff are authorised by us to administer first aid, and seek at our expense any medical, ambulance or like services you think necessary.

We give permission for the 'Trevena Glen' staff who are over the age of 18 to take our child as a passenger in their car to and from events, activities or camps that require transportation.

We give permission for photos and video footage to be taken of our child and used in promotion and advertisement of Trevena Glen through different sources of media including the internet, promo videos and social media pages.

In the event of a dam water activity taking place please advise us of your child's swimming ability and confidence in and around water.

Poor  
Average  
Good

#### 4. Medical Details

**Answer**

Are there any conditions which require special attention we should know about e.g. Hearing or sight impairments, A.D.D or A.D.H.D, Behaviour issues, formal counselling situations or any other. Please list

Is your child allergic to any food or medication? Please list YES / NO

Has your child had a Tetanus injection in the last five years? YES / NO

Date:



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Please tick the relevant columns if your child has had any of the following:

Condition	In the Past	Currently	Details
Asthma			
Appendicitis			
Bronchitis			
Chicken Pox			
Diabetes			
Ear Infection			
Epilepsy			
Fits/Convulsions			
Glandular Fever			
Hyperactivity			
Hypoactivity			
Heart Problems			
Measles or Mumps			
Pneumonia			
Tonsillitis			
Other illness			

**DECLARATION**

I agree that, (NAME) .....can take part in Trevena Glen & 3<sup>rd</sup> party events, activities and camps. I acknowledge the need for responsible behaviour and obedience on their part.

IN CONSIDERATION of the program provided, we hereby absolutely release and discharge Trevena Glen and its employees and voluntary helpers from all claims whatsoever in the course of delivering the program provided and we hereby indemnify and agree to keep indemnified Trevena Glen and your employees agents helpers against all claims whatsoever by us or by any person claiming through us or on our behalf in any way arising and this discharge may be pleased in Bar to any such claim.

PROVIDED that the above does not apply to any claim or any to the extent that Trevena Glen is indemnified by a policy of insurance issued by a solvent insurer and; In the unlikely event of an accident or illness which needs immediate treatment, WE FURTHER AGREE the said person above can receive first-aid and medical treatment from qualified practitioners, including an anaesthetic and blood transfusions, as may be considered necessary by a licensed medical doctor/nurse. I undertake to inform the Trevena Glen as soon as possible if there are any changes in medical circumstances.

\_\_\_\_\_  
PRINT NAME OF FATHER / GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF MOTHER / GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT /GUARDIAN

\_\_\_\_\_  
DATE