



Sound horses.....naturally.

**SHARON MAY – DAVIS DISSECTION CLINIC
REGISTRATION.**

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT.

I, (name) _____

Of (address) _____ **Postcode** _____

Phone: _____ **Email:** _____

in the State of _____

(“the Releasor”) state:

I understand and acknowledge that working with horses has a number of inherent and/or obvious risks and may result in serious injury and/or death. An inherent and/or obvious risk may include, but is not limited to:

- (a) the tendency of a horse to behave in ways that may result in injury or death to persons on or around the horse;
- (b) the unpredictability of a horse’s reaction to sounds, sudden movement, unfamiliar objects, persons or other animals;
- (c) hazards including but not limited to surface or subsurface conditions;
- (d) a collision with another horse, another animal, a person or an object; and
- (e) the potential of a handler to act in a negligent manner that may contribute to injury or death to the handler or other persons including but not limited to failing to maintain control over a horse or failing to act within the ability of the handler.

I further understand and acknowledge that:

- (a) I will be working in a group and that I will at all times be responsible for my own safety and actions, and those of my horse or any horse I am working on.
- (b) To prevent the transference of pathogens students are to wear gloves that are provided (latex and non latex for people with allergies) when touching and handling the cadaver and bones.
- (c) This clinic is an **introduction** to Equine Anatomy
- (d) Any recommendations made at the clinic are the opinions of those presenting the clinic and are not intended to replace veterinary advice
- (e) If at any time the instructor/s feel that my actions may cause a safety risk to those around me that I will be asked to leave the clinic immediately.
- (f) Consumption of alcohol or mind altering drugs is dangerous before the clinic and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law during the clinic.
- (g) I am to immediately report to the instructor of any injury to myself and the manner of the occurrence of the injury.
- (h) I agree to follow the directions of "the releasee" and that any misconduct or refusal by me to follow any direction of the releasee can result in the cancellation of the participation in this clinic. I understand that any such non compliance may result in injury, death and/or permanent disability and I agree to indemnify "the releasees" of all claims made by any person as the result of my failure to comply.

In consideration, therefore, for being allowed to participate in the clinic at (“the property”) **Mayfield 470 Middle Creek Rd Yareck 3719**

On (date) _____ in the state of _____ , I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby indemnify and agree to hold harmless Andrew Bowe, Nicole Bowe and all of their employees agents or servants (“the Releasee”) and release them from any liability or responsibility for accident, damage, injury or illness, including the provision of or participation in rescue and/or first aid procedures, to myself, any horse owned by me or in my care or to any family member or spectator accompanying me whilst participating in the clinic and subsequent trimming and handling of any horse at any time after the clinic.

I warrant that I:

- (a) Have read and understood this document and the rights that I am giving up by signing it;
- (b) Have signed this document freely and voluntarily without any inducement or coercion by the Releasee; and
- (c) Acknowledge that the Releasee is relying on the representations made by me in this document.

This release and indemnity shall apply in relation to the premises and operations of the Property including riding, handling or otherwise being near horses owned by me or in the care, custody and control of the Releasee.

Dated: _____

Signed by _____

(“the Releasor”)

Signature of Witness _____

Name of Witness _____

Address of Witness _____