HELPERS DISCLAIMER/RISK ASSESSMENT

NAME OF HELPER………………….………………………………………………………….………….

DATE OF BIRTH ……………………………………………………

ADDRESS………………………………………………….…………………………………………………

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I ………………………………………….. understand that I am helping at my own risk. I also understand that the horse/pony could stand on me, bite me, push me, trip me up or kick me etc.

I will be required to assist my son/daughter in getting on/off a horse/pony, plus if my son/daughter requires to be lead I will carry out this task and in so doing, I understand that the horse/pony could at any time become scared, shy, move to the side or jump forwards - which could potentially cause my son/daughter to fall off.

I ……………………………………. Have watched the videos Regarding safety and instructions on how to get my child on/off the pony safely and how to lead/handle the pony

Emergency contact details

Name……………………………………………………… Relationship ….……………………………….

Address……………………………………………………….………………………………………………

…………………………………. Contact Number……………………………………..

Signature…………………………………………………………

………………………………………… (print name)

Date ………………………………