

Venue: "the Event"	Date:
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Club:

Event Waiver

I declare that:

1. My accepted entry into the Event will not be transferred to another entrant.
2. I am in an appropriate physical condition to participate in the Event, given the known parameters of the Event (such as the length, time, physical demands and environmental context).
3. I have taken medical advice on any pre-existing medical conditions, and confirm that it is medically safe for me to participate in the Event.
4. I acknowledge that there are risks involved in the Event. I fully realise the dangers of participating in the Event, and fully assume the risks associated with my participation and my wellbeing and safety during and after the Event. I understand and acknowledge that the Event organisers (including all officials and event volunteers) provide no warranties, regarding my wellbeing and safety.
5. I understand and agree that situations may arise during the Event, which may be beyond the immediate control of the Event organisers (including all officials and event volunteers).
6. I will participate in the Event, in a manner that does not endanger either me or others.
7. I agree that to the extent permissible by law, the Event organisers (including all officials and event volunteers), the sponsors and other parties associated with the Event, have no liability to me whatsoever for any direct or indirect loss, (including, but not limited to injury or death) sustained by me during or in any way related to my participation in the Event.
8. I authorise the use of my name, voice, picture and information on this entry form in any broadcast, telecast, promotion, advertising, and in any other way, as long as my permission is given, without payment to me or any other form of compensation.
9. I agree to comply with the rules, and regulations pertaining to the Event.
10. I agree to follow all reasonable safety instructions provided to me by the Event organisers, (including all officials and event volunteers) before, during and after the Event.
11. I consent to receiving medical treatment in the event of illness or injuries suffered during or immediately after the Event.
12. I have made my team members aware of these conditions and have authority to sign on their behalf.
13. In the interests of horse welfare, I confirm that my horse/horses meet the minimum requirements of the ESNZ Endurance and FEI (where applicable) mandatory rest periods. This also includes rides done at non-ESNZ events.

Name.....	Phone #
Signature	Date
Signature of Parent/Care Giver for riders under 18 years	