



Riding for the Disabled Association (NSW)

Consent Form for Participants WITHOUT A DISABILITY (Able Bodied Rider)

Note: All forms must be completed and submitted before commencing riding.

All sections must be completed before we can consider an applicant.

A rider's records must be kept for seven (7) years and if under the age of 18 years, for seven (7) years once the rider turns 18 years of age.

Centre _____ **Date:** / /

All potential participants, or their responsible parent, guardian or legal advocate must have read and signed that they have understood all sections of the participation form and ensure it is fully completed.

RDA (NSW) has a duty of care to all participants and as part of that duty, each participant must complete a Consent form and pay the RDA (NSW) Rider registration fee, as part of the registration process, prior to acceptance for entry into the program.

RDA (NSW) Privacy Statement

RDA (NSW) is committed to protecting the privacy of its clientele and volunteers and adheres to the National Privacy Act (amended) 2012. It only collects information necessary to carry out its work. Once the consent form is processed, it will be filed securely, and accessible only to RDA (NSW) coaches and authorised personnel at the Centre. It will not be used for any other purpose and is accessible to the participant and parent/guardian at their request.

Participant Information

Name _____

Address _____

_____ Post code _____ Telephone _____

Mobile _____ Email _____

Height (cm) _____ Weight (kg) _____ DOB _____

Member of Ambulance service/Ambulance insurance cover? Yes No

Membership No. _____ Active Kids No. (if applicable)

Member of Ambulance service/Ambulance Insurance cover Yes/No

Name of fund: Membership No.

Emergency Contact

Name (please print) _____

Address _____

Post code _____

Telephone: Home _____ Work _____ Mobile _____

Email _____

Relationship to Participant _____

Medical details

I have or have had a medical condition or disability (eg physical, intellectual, psychiatric or behavioural) that may affect my ability to participate in riding (please tick). Yes No

If yes, please state the nature of the disability or medical condition. You may be required to complete and submit an RDA (NSW) Medical Consent and Information Form signed by a medical practitioner.

Declaration

I agree that if accepted, the above-named participant will comply with RDA (NSW) Safety and Operating procedures.

I agree that any photograph taken of the above-named participant taking part in an RDA (NSW) program may be used to further the objectives of RDA (NSW) generally or of this Centre in particular.

I agree for the above-named participant to be allowed emergency medical treatment, if necessary, whilst taking part in any RDA (NSW) activity.

I understand that no liability can be accepted by either RDA (NSW) or the Centre concerned in the event of an injury or accident occurring.

Equestrian activities (including but not limited to recreational riding) can be inherently dangerous. I understand that horses can act in a sudden and unpredictable way especially if frightened or hurt. Accidents can happen in equestrian activities which may result in injury or death to participants.

I have voluntarily read and understand this warning and acknowledge and assume the risk in equestrian activities (including but not limited to recreational riding).

Note: Agreement to this does not affect a person’s rights under common law.

I understand that RDA (NSW) retains the right to refuse any person entry to any RDA (NSW) activity if it is reasonably believed that participation may be detrimental to the potential applicant, the coaches, helpers and/or horses.

Note. Each Centre determines the safe weight bearing capacity of their horses.

Parental/legal guardian consent (for applicants under the age of 18 yrs)	
I have read and fully understood the contents of this Consent Form and agree to the declaration and obligatory conditions of entry to RDA (NSW) programmes and I give permission for	
..... to participate in RDA (NSW) programmes.	
Name (please print) _____	Signature _____
Relationship to Participant _____	Date _____
<small>(By self if over 18 and able to sign or Parent/Guardian/Legal advocate)</small>	

I provide permission for use of photos/videos for the following:			
Social Media	Yes/No	TV	Yes/No
Print Media	Yes/No	Website	Yes/No
Signature	Date		