

Uplands Equestrian Centre

INDEMNITY FORM: EQUESTRIAN ACTIVITIES

Apart from the terms and conditions of the Scholars Accident Insurance, of which I am a participant, and without prejudice thereto, I hereby absolve Uplands School and its employees from any responsibility or liability whatsoever in connection with any injury sustained by my son/daughter or in connection with any accident while he/she is engaged in the equestrian programme of the school or theft of tack or injury to horses.

NAME OF CHILD:

SIGNED BY BOTH PARENTS:

Father:

Mother:

Witness:

Place: **Date:**

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My child may have riding lessons on a school horseYES/NO

My child may have riding lessons on his/her own horseYES/NO

My child may take part in Uplands ShowsYES/NO

My child may take part in OutridesYES/NO