

POPLAR CORNER RIDING LESSONS/TRAIL RIDE ENROLMENT FORM

*Encouraging respect for the great outdoors
and our animal friends.*

RIDER DETAILS

FULL NAME (plus preferred name if different)

START DATE AT POPLAR CORNER _____

CONTACT DETAILS

Address:	
Postcode:	
Email:	
Day time ph. no:	
Evening ph. no:	
Mobile ph. no:	
Alternative emergency contact	

RIDER DECLARATION

I wish to participate in riding and farm activities at Poplar Corner. Trail riding on public roads and travel in a Poplar Corner vehicle may be part of those activities.

I understand that Poplar Corner manager and staff will take all responsible care while riders are in their charge, to protect them from injury and to adequately control and supervise their behaviours and activities.

I appreciate that there is some inherent risk in riding and spending time in the outdoors and that the manager and staff of Poplar Corner are not responsible for injuries or damage to property that may occur where the manager or staff have not been negligent.

I consent to receiving appropriate medical attention when required, including transport by ambulance.

I agree that the information provided on this form can be disclosed to relevant medical staff in the event of an emergency.

I undertake to pay costs that may be incurred for medical attention while the rider is under Poplar Corner supervision.

Signed: _____(Parent/Guardian) Date: _____