

**RIDING FOR THE DISABLED MALAYSIA
RIDER ENROLMENT FORM**

APPLICANTS MUST BE 6 YEARS AND OVER

ATTACH
PHOTO

*THESE FORMS (3PAGES) TO BE COMPLETED AND RETURNED
TO THE RDA GROUP BEFORE RIDING MAY COMMENCE.
INCOMPLETE FORMS WILL RESULT IN THE APPLICANT NOT RIDING.*

FULL NAME.....

KNOWN AS..... DATE OF BIRTH.....

ADDRESS.....

.....

IC. NO..... EMAIL

PARENT/GUARDIAN NAME..... H/P.....

SCHOOL OR DAY CENTRE

TELEPHONE NO..... CONTACT.....

DECLARATION – This declaration should be completed by you or on your behalf by your parent/guardian

I wish to join the RDA Group as a rider and agree that the details of my medical history that will assist the Group Instructor/ Coach may be disclosed by my medical professionals.

I recognize that this activity involves risk and that I should take all reasonable precautions and follow all advice properly given.

Signature..... Date.....

Relationship to rider if signing on their behalf.....

Name and Address if different to above

.....

Which language do you understand? Please tick

English Bahasa Mandarin/
Cantonese Hindi / Other
Tamil Please specify.....

Please tick box if you do not agree to photographic and / or video material taken during RDA activities being used for training and / or publicity.

MEDICAL INFORMATION

To be completed and signed by a medical professional, parent, guardian or teacher.
In the case of a person diagnosed with Downs Syndrome they must have x-ray and radiologist report to confirm stability of the atlanto-axial joint prior to commencing riding – copy of report to be attached to this form.

PRIMARY DISABILITY.....

SECONDARY ISSUES

NOTE OF SPECIAL PROBLEMS: (e.g. diabetes, asthma, allergies, balance, etc)

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N.B. Horse riding is unsuitable for some due to the nature of their illness / disability e.g. uncontrolled epilepsy, brittle bone disease, rheumatoid arthritis with accompanied pain, haemophiliacs and psoriasis. If in doubt please consult a doctor.

Details of person completing medical information

Name..... Title.....

Address or Stamp

Contact No Date

Signature

THE INFORMATION GIVEN ON THIS FORM WILL BE TREATED IN STRICTEST CONFIDENCE AND WILL ONLY BE USED BY RELEVANT RDA PERSONNEL. IT IS THE RESPONSIBILITY OF THE PERSONS COMPLETING THESE FORMS TO INFORM THE RIDING FOR THE DISABLED ASSOCIATION ABOUT ANY CHANGES IN THE HEALTH / CONDITION OF THE APPLICANT

RIDING FOR THE DISABLED MALAYSIA RIDER WAIVER / DISCLAIMER FORM

To:

Dear Sirs,

RE: LETTER OF RIDER WAIVER / DISCLAIMER for The Riding for The Disabled Programme

I.....(NRIC, No/Passport)

am the parent / guardian ofaged..... years

whose NRIC No/Passport ishereby understand the contents below

and hereby expressly agree, undertake and covenant with you as follows:-

- (a) That my son's / daughter's participation in the Riding For The Disabled Programme and activities organised by RDA Malaysia is entirely voluntary and at our own risk;
- (b) That my son's / daughter's participation and in receiving riding therapy in any form of horse riding or engage in the sport in any form whatsoever of horse riding or activities (collectively referred to as the RDA Programme) shall be entirely our own risk and I agree that you/your agents/visitors and / or riding instructor(s) / helper(s) / volunteer(s) giving lessons at the premises occupied by you ("the said premises") shall be exempted and excluded from all liabilities whatsoever and howsoever caused arising from the said lessons and / or our son's / daughter's participation in the said sports or activities.
- (c) That my son / daughter who use all the facilities provided by you of every kind in respect of the said RDA Programme, and his / her and my attendance or presence at or about the said Premises is entirely at my own risk;
- (d) That I hereby waive all claims whatsoever in connection with or arising out of my son's / daughter's participation in the activities of the RDA Programme which I may have against the RDA Malaysia and / orBranch, its members, servants, agents, instructors, volunteers, helpers, invitees and the like and in particular and without prejudice to the generality of the foregoing, I agree that the RDA Malaysia and / orBranch, its members, servants, agents, instructors, volunteers, helpers, invitees and the like shall be freed, exempted and discharged of all liability and I hereby waive all claims now or hereafter available to me or suffered by me and / or my son / daughter and / or my family whether the same was caused or occasioned as a direct or indirect result of :-
 - (1) any default or negligent acts or omissions of the RDA Malaysia and/or SPRC, its members, servants, employees, agents, instructors, volunteers, helpers, invitees and the like;
 - (2) the state, condition or usage of any place, machines, structures or apparatus to be used, food or drink; and
 - (3) the behaviour of the horses or ponies;
 - (4) any other causes however occasioned.

Dated this day of 20

Signed by the aforesaid..... NRIC No/Passport

Parent / Guardian of NRIC No/Passport

In the presence of:-.....