



AB Physiotherapy Services for Horses and Riders

Ridden Assessment Informed Consent Form

This form is in addition to consent previously given on Equine Physiotherapy form and/or Rider Physiotherapy form. A Ridden Assessment may be necessary for the rider or horse or both.

- I will disclose any pre-existing medical or other conditions that may affect the risk to myself and any other persons involved in this activity. I acknowledge that AB Physiotherapy Services relies on the information provided by me, and I will provide accurate and complete information.
- I acknowledge that horse riding is inherently dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen. I recognise that there are risks specifically associated with the activity, some of which include: the unpredictability of animals, especially if they are frightened or hurt, no matter how well trained they are. The remoteness of the areas in which the ridden assessment takes place. Sudden and unexpected changes in weather. Physical exertions for which I may not be prepared. Difficulties in evacuation if I become injured.
- I agree to comply with rules and directions made or given by AB Physiotherapy Services. In particular I must wear an approved helmet at all times whilst mounted, and boots or closed in shoes with a smooth sole and heel. If a concussion is suspected I may not remount, or drive my vehicle home. Failure to comply with rules and/or directions will result in the ridden assessment being discontinued.
- A Ridden Assessment may use additional equipment such as (but not limited to) Franklin balls and TheraBand. Mounted exercises may place your body in positions that challenge your balance or require feet out of the stirrups, holding the reins in one hand, or no reins if on the lunge. If I feel unsafe at any time, I will immediately advise AB Physiotherapy Services.
- I will report all accidents, injuries, loss or damage to the proprietor before leaving the proprietors property or the customers property.
- If I suffer any injury or illness, I agree that the proprietor may provide evacuation, first aid and medical treatment at my expense. My acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.
- I understand and acknowledge the dangers associated with the consumption of alcohol or mind-altering substances before or during a ride, and accept full responsibility for injury, loss or damage associated with this.
- I accept all risks associated with the activity, including the possibility of injury, death, loss or damage.
- I agree to indemnify AB Physiotherapy Services against all claims made by any other person in respect of any injury, loss or damage arising out of or in connection with my failure to comply with AB Physiotherapy Services rules and/or directions.
- I agree and acknowledge that to the extent permitted by law, the proprietor shall not be liable for any injury, loss or damage suffered by myself or any other person arising from or in connection with my participation in a Ridden assessment, whether such injury, loss or damage was caused directly or indirectly by the negligence of the proprietor or otherwise, the proprietor's servants or agents. I hereby release the proprietor from all such claims and indemnify the proprietor from all such claims made by or on behalf of any other person.
- To the extent permitted by law, I acknowledge and agree that all warranties, covenants and stipulations are hereby excluded.
- I have read and understand this informed consent form, and that I am giving up substantial rights by signing it. I freely and voluntarily sign this form without any inducement, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name Here: _____

Sign Here: _____ Date: _____

Parent/Guardian Consent (under 18yrs participants): _____