

Damage Waiver Form

Attending Field Farm equestrian facilities as a visitor I have read, understood and agree to the following;

- I am aware that there are various activity options for different abilities around the farm and that I should use the option most appropriate to my experience and abilities.
- I will wear appropriate clothing and footwear whilst on the farm and the surrounding land owned by the farm.
- I have been advised that there are no qualified medical personnel on site and that in the event of an accident the only access to medical personnel would be via the emergency services by dialling 999.
- I am aware that tractors and motor vehicles are in use around the farm.
- I agree that I am using the facilities entirely at my own risk and will not hold Field Farm or employees or other users of Field Farm responsible for any injuries I sustain however caused, not withstanding my statutory rights.
- I will respect the non smoking regulations in the accommodation and around the farm buildings.
- I am aware that any dog in my care should be on a lead whilst on the premises and that any incident involving a dog in my care is my responsibility and liability.
- I have been made aware of the location of fire extinguishers, first aid kits and accident book.
- I am aware that in the event of an accident / incident an appropriate report should be completed and that an accident report procedure will then be followed
- I am aware that none appropriate behaviour, language or actions or actions of myself or anyone in my group which contravene the above may result in my ejection from the premises and that in this event I would not be liable for any refund or part thereof of any payment made.
- COVID-19 Update: It is my responsibility to be aware of the government guidelines regarding social distancing

ACCEPTANCE

- I declare that the details supplied by myself are correct and that I will inform the proprietors of Field Farm of any changes.
- I declare that I have read the information above and agree to the conditions.
- I understand that signing this form does not affect my statutory rights.
- If I am signing this form on behalf of a group of which I am the leader I will ensure the group is aware of the conditions herein

Names of person(s) within booking(s)

NAME	ADDRESS	Mobile number	Sign&date
			1
			1
			1
1			