



CONFIDENTIAL

Membership No.

**RELEASE AND INDEMNITY**

**(For participants aged 18 and above)  
(Guests must sign this form themselves.**

**Members cannot sign this form on their behalves.)**

**There are risks and dangers involved in horse riding, stable visits and/or other activities which may result in damage to personal property, illness, personal injury or death. These risks and dangers may arise from foreseeable or unforeseeable circumstances. The Hong Kong Jockey Club strongly advises that participants in horse riding, stable visits and/or other activities take out insurance to cover the risks of damage to personal property, illness, personal injury or death.**

I, \_\_\_\_\_, wish to participate in horse riding activities, stable visits and/or  
*(Full name of Participant)*  
other activities facilitated and/or provided by The Hong Kong Jockey Club. In consideration of The Hong Kong Jockey Club providing to me the facilities to enable me to participate in horse riding, stable visits and/or other activities at the premises of, or in conjunction with, the Beas River Equestrian Centre or any other premises, I acknowledge and agree as follows:

- I understand that there are risks and dangers involved in horse riding, stable visits and/or other activities and that my participation in horse riding, stable visits and/or other activities may result in damage to personal property, illness, personal injury or death. These risks and dangers may be caused by myself or other participants, or by accidents, or by the forces of nature, or by other causes. These risks and dangers may arise from foreseeable or unforeseeable circumstances. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of damage to personal property, illness, personal injury or death.
- I understand that I must be in good physical condition and in good health to participate in horse riding, stable visits and/or other activities, and I hereby confirm that I am in good physical condition and in good health. I also confirm that I have no known physical disabilities or health problems which may present a risk or danger if I participate in horse riding, stable visits and/or other activities.
- I authorise The Hong Kong Jockey Club to request from me at any time an up-to-date medical certificate from a registered medical practitioner, confirming that I am fit to participate in horse riding, stable visits and/or other activities. I acknowledge and understand that such requests are for my own safety and the safety of others and are not made for any other reason.
- I, on my own behalf and on behalf of my personal representatives, executors, administrators, heirs, successors and assigns, hereby release, indemnify and hold harmless The Hong Kong Jockey Club and its employees, members, stewards, officers, directors, partners, coaches, volunteers and agents from any and all losses, liabilities, damages, obligations, claims or demands of whatever nature for any injuries, damage, losses, liabilities, costs, fees, claims or demands of whatever nature incurred or sustained by me or others during the course of, as a result of or in connection with my participation in horse riding, stable visits and/or other activities at the premises of, or using the facilities of, The Hong Kong Jockey Club, or at any other premises.

**I confirm that I have read and understand the above terms and that, by signing below, I agree to those terms.**

Signed, sealed and delivered by



Signature

Full Name

Date

HKIC No.:    -      (  )

**By providing the personal data sought on this form, I acknowledge and confirm that I have read and agreed to the Privacy Policy Statement, which can be found at the submission counter and/or on [http://www.hkjc.com/english/corporate/corp\\_privacy.asp](http://www.hkjc.com/english/corporate/corp_privacy.asp)**



CONFIDENTIAL

Membership No.

**RELEASE AND INDEMNITY**

**(For parents/guardians of participants aged below 18)  
(Parents/guardians of participants aged below 18 must sign this form themselves.  
Members cannot sign this form on their behalves.)**

**There are risks and dangers involved in horse riding, stable visits and/or other activities which may result in damage to personal property, illness, personal injury or death. These risks and dangers may arise from foreseeable or unforeseeable circumstances. The Hong Kong Jockey Club strongly advises that participants in horse riding, stable visits and/or other activities take out insurance to cover the risks of damage to personal property, illness, personal injury or death.**

My child/ward, \_\_\_\_\_, wishes to participate in horse riding, stable visits and/or other activities  
(Full name of Participant)

facilitated and/or provided by The Hong Kong Jockey Club. In consideration of The Hong Kong Jockey Club providing to my child/ward the facilities to enable him/her to participate in horse riding, stable visits and/or other activities at the premises of, or in conjunction with, the Beas River Equestrian Centre or any other premises, I acknowledge and agree on behalf of myself and my child/ward as follows:

1. I understand that there are risks and dangers involved in horse riding, stable visits and/or other activities and that my child/ward's participation in horse riding, stable visits and/or other activities may result in damage to personal property, illness, personal injury or death. These risks and dangers may be caused by my child/ward or other participants, or by accidents, or by the forces of nature, or by other causes. These risks and dangers may arise from foreseeable or unforeseeable circumstances. I hereby knowingly and voluntarily, on behalf of myself and my child/ward, accept and assume these risks and dangers and the risks of damage to personal property, illness, personal injury or death.
2. I understand that my child/ward must be in good physical condition and in good health to participate in horse riding, stable visits and/or other activities, and I hereby confirm that my child/ward is in good physical condition and in good health. I also confirm that my child/ward has no known physical disabilities or health problems which may present a risk or danger if he/she participates in horse riding, stable visits and/or other activities.
3. I authorise The Hong Kong Jockey Club to request from me at any time an up-to-date medical certificate from a registered medical practitioner, confirming that my child/ward is fit to participate in horse riding, stable visits and/or other activities. I acknowledge and understand that such requests are for my child/ward's own safety and the safety of others and are not made for any other reason.
4. I, on behalf of myself, my child/ward and our respective personal representatives, executors, administrators, heirs, successors and assigns, hereby release, indemnify and hold harmless The Hong Kong Jockey Club and its employees, members, stewards, officers, directors, partners, coaches, volunteers and agents from any and all losses, liabilities, damages, obligations, claims or demands of whatever nature for any injuries, damage, losses, liabilities, costs, fees, claims or demands of whatever nature incurred or sustained by me, my child/ward or others during the course of, as a result of or in connection with my child/ward's participation in horse riding, stable visits and/or other activities at the premises of, or using the facilities of, The Hong Kong Jockey Club or at any other premises.

**I confirm that I have read and understand the above terms and that, by signing below, I agree to those terms.**

Signed, sealed and delivered by



\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Full name of parent/guardian

\_\_\_\_\_  
Date

HKIC No.:   -    X X X (  X  )

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