



# Reining Australia **Para** Reining Physician Statement

Complete form and submit via  
E-mail:

[secretary.reiningaustralia@bigpond.com](mailto:secretary.reiningaustralia@bigpond.com)

I certify that (rider) \_\_\_\_\_ has been  
diagnosed with the condition(s) as described below.

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Name of Physician \_\_\_\_\_

Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_

License \_\_\_\_\_

City and State of Practice \_\_\_\_\_

**NOTE: Reining Australia Para Reining** does NOT assume responsibility for safety of participants. In the case of adult participants, each participant assumes all risks of personal injury or property damage, and releases and discharges Reining Australia and Show Management, their respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act or omission if any, said indemnities. If the participant is a minor, the parent or guardian, by allowing participation assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge Reining Australia and Show Management, their respective officers, directors, representatives, and employees from any and all liability, whenever or however arising from such participation, except for the negligent act or omission, if any, of an indemnity. Further, as parent or legal guardian, they agree to indemnify and hold harmless Reining Australia and Show Management from such liability to the minor.

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Signature of participant or parent/guardian (if under 18)

Date