

CONFIDENTIAL

香港賽馬會
The Hong Kong Jockey Club

BEAS RIVER EQUESTRIAN CENTRE
INDEMNITY FORM

The Stewards
The Hong Kong Jockey Club
Hong Kong

Date: _____

Dear Sirs,

I confirm that I am in good physical condition and in good health to participate in horse riding activities at the Beas River Equestrian Centre. I authorize 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 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 accept full responsibility for my actions and behavior when participating in horse riding activities at the Beas River Equestrian Centre. I hereby release, indemnify and hold harmless the Stewards, the Club, its employees and agents, to the extent permitted by law, in all respects should I suffer any injuries, damage, losses or liabilities while participating in horse riding activities at the Beas River Equestrian Centre or in the area of the Beas River Equestrian Centre.

Signature: _____
(Minor's parent or legal guardian to sign for the
Minor)

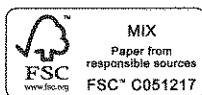
Rider Name: _____

Member A/C: _____

I have read and understand the above terms and that, by signing above, I agree to the terms.

Guest riders MUST sign the form themselves (The Members introducing cannot sign for their guests).

For minor riders, the form should be signed by the minor's parent or legal guardian.



香港跑馬地體育道壹號

One Sports Road, Happy Valley, Hong Kong Tel: (852) 2966 8111 Fax: (852) 2577 9036 BREC (Rev Sept 2011)

根據公司條例註冊成立之保證有限公司 INCORPORATED UNDER THE COMPANIES ORDINANCE AND LIMITED BY GUARANTEE