ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Ber	ore Participating in Equine Activities	
The following waiver of all claims, release from all liability, assump agreement are entered into by me (the Participant) with and for the liability and f		
employees, volunteers, business operators, agents and site prope the generality of the foregoing, "Equine Activities" includes but is no by the "Host" to the Participant.	rty owners or lessees (collectively the "Hos	
Initial Each Item below after Reading and Understanding each item:		
1. I am aware that there are inherent dangers, hazards and ri injuries resulting from these "Risks" are a common occur those dangerous conditions which are an integral part of "I (a) the propensity of any equine to behave in ways that m and to potentially collide with, bite or kick other animals (b) the unpredictability of an equine's reaction to such unfamiliar objects, persons or other animals and hazar (c) the potential for other participants to behave in a ne others, including failing to act within their abilities to many contents.	rence. I am aware that the "Risks" of "Equine Activities", including but not limited to ay result in injury, harm or death to persons is, people or objects; in things as sounds, sudden movement, the such as subsurface objects; gligent manner that may contribute to injur	ne Activities" mean or on or around them remors, vibrations,
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".		
3. I agree that although the "Host" has taken steps to reduce is not possible for the "Host" to make the "Equine Activit terms of this waiver even if the "Host" is found to be negliq my participation in "Equine Activities".	ies" completely safe. I accept these "Risks	" and agree to the
 4. In addition to consideration given to the "Host" for my pexecutors, administrators and assigns (collectively my "Leg (a) to waive all claims that I have or may have in the future (b) to release and forever discharge the "Host" from all liresulting from my participation in the equine activity do use such care as a reasonably prudent and careful duty imposed by law, breach of contract or mistake or (c) to be liable for and to hold harmless and indemnify the demands, including court costs and costs on a solicitic kind arising out of or in any way connected with my participation. 	al Representatives") agree: against the "Host"; ability for any personal injury, death, proper ue to any cause, including but not limited to person would use under similar circumstand error in judgment of the "Host"; and e "Host" from all actions, proceedings, clain or and own client basis, and liabilities of wh	ty damage, or loss negligence (failure ces), breach of any ns, damages, costs
5. I agree that this waiver and all terms contained herein ar Province or Territory of Canada in which the "Equine Activ the exclusive jurisdiction of the courts of that Province or T jurisdiction over the terms and claims referred to herein. Province or Territory of Canada in which the "Equine Activitege". 6. I confirm that I have had sufficient time to read and unders	ities" are provided by the "Host". I hereby irrerritory of Canada and I agree that no other Any litigation to enforce this waiver will be ies" are provided by the "Host". tand this waiver in its entirety. I understand the item is the interest of the int	revocably submit to court can exercise be instituted in the that this agreement
represents the entire agreement between myself and Representatives".	the "Host", and it is binding on myse	If and my "Legal
7. I confirm that I have reached the age of majority in the prov	ince in which I am participating in "Equine A	ctivities".
Please Print Clearly		
Participant Name	Date of Birth	The state of the s
Address	CityProvince	Postal
(Signature of Participant)	Signed this day of	, 20
(Signature of Participant)		
(Print Name of "Host" Witness to Signing and Initialing)		
(First value of Flost Without to Organia and Initialing)		
(Signature of "Host" Witness)	Signed this day of	, 20
(Cignatale of Treat Williams)		