Release and Waiver of Liability

Please read this Document Carefully

Name: Age (if a minor):

Address:

Contact Info: Emergency Contact:

I agree that horseback riding and all related equine activities are inherently dangerous activities AND that these activities will expose me to above normal risks of bodily harm and/or death.

*I acknowledge tha*t *any equine may, without warning*, o*r any apparent cause, buck, stumble, fall, rear, bi*te, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push, or shove a person, regardless of past performance. Saddles and bridles and other equipment may loosen or break, which may cause a fall, or be jolted, resulting in serious injury or death to the undersigned or any person within proximity of a horse.

I agree that I am responsible for my own safety while engaging in ANY and ALL equine activities on the property of Glenn Richards, at 125 Gabourie Road, Wooler, ON K0K 3M0, and that of all others who have been given permission, have adequate insurance, and have signed a waiver, to participate in equine related activities, by informing the owner or manager.

I agree that I am responsible for wearing appropriate protective gear for equine activities, which are minimally, **footwear** with a half inch heel, and an **approved (ASTM/SE**I) helmet, and I agree to assume any and all risks while engaging in equine activities without limitation including the ordinary negligence and/or deliberate act of *another person.*

I assume full responsibility for not wearing an appropriate helmet by providing initials here: _____

I agree to hold completely harmless, and not liable, the property owner, manager, horse owner, and their agents, or employees, and those of others who have been given permission to ride. I agree to not sue for claims, damages, costs, or expenses, arising out of the use of the facilities unless caused by direct wilful, and wanton *gross negligence.*

The undersigned is responsible for complete and full insurance coverage on himself/herself, and personal property, Company Name, Policy Number and Expiration date: **Equine Farm Property & Liability Package Policy No. EF01481; Policy Period February 12, 2021 to February 12, 2022**

I ensure the given information is correct and the waiver and release of liability contract that when signed will be legally binding to all.

I have been given sufficient time to read and understand this agreement, and have been given the opportunity to ask questions concerning the nature and scope of this Release of Liability contract before signing. If a minor, a Parent/guardian must sign.

Rider's signature:

or Parent/Guardian's signature : Date :