

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY
Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Every Person must Read and Understand this form before Participating in Equine activities.

To: **The Shilo Riding Club**, their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

_____ 1. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these "**RISKS**" are a common occurrence.

_____ 2. **I Acknowledge** that the Inherent "**RISKS**" of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
- The unpredictability of any equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

_____ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent "**RISKS**" and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

_____ 4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

_____ 5. **In Addition to consideration given for my Participation in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree**

- **To waive All Claims that I might have against the "HOST";** and
- **To Release the "HOST" from Any and All Liability** for any loss, damages, injury, or expense that I or my "Legal Representatives" might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE "HOST";** and
- **To HOLD HARMLESS AND INDEMNIFY THE "HOST"** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

_____ 6. **I Am Aware that ATSM Helmets** are approved headgear for any division/class in shows/events/clinics. I acknowledge that the "**HOST**" recommends that such protective headgear be worn whenever mounted on the show grounds or in competition.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my "Legal Representatives" might have against the "HOST". I hereby represent that if I am making this entry for or on behalf of another person over the age of 18, that I have full authority to make such entry on their behalf. I also represent and agree that in the event the entries hereby made are for and on behalf of participants under the age of 18, that I am one of the parents of such minor, or the duly appointed guardian of such minor, and as such, entitled to make this entry for and on behalf of such minor.

SIGNED this _____ day of _____ 20 _____

(Print Name of HOST Witness to signing and initialing)

(Signature of Participant)

(Signature of HOST Witness)