

APPENDIX B.2 – SAMPLE RELEASE OF LIABILITY FOR ADULTS

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY
For Participants 19 years old or older
Please Print Clearly

Participant Name:

Date of Birth:

Mailing Address (street, city, province and postal code):

EVERY PERSON MUST READ AND UNDERSTAND THIS FORM BEFORE PARTICIPATING IN EQUINE ACTIVITIES

TO: _____, their directors, employees, officers,
(Name of Person, Organization or Company providing the Equine Activities)
volunteers, business operators, and site property owners. (Hereby Collectively Known as the “HOST”)

Initial each item below after reading and understanding the item:

_____ 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.

_____ 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 an 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.

_____ 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.

_____ 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.

_____ In addition to consideration given for my Participate 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.

Before signing this form, I hereby acknowledge that I have read it (as indicated by my initials above) and state that I understand it. I know that by signing this form certain legal rights I or my “Legal Representatives” might have against the “HOST” are waived.

SIGNED This _____ day of _____ 20_____
(day) (month) (year)

(Print Name of HOST Witness to signing and initialing)

(Signature of HOST Witness)

(Signature of Participant)

Do Not Sign until you understand all items above