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ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY  
For Participants with developmental disabilities.

PLEASE PRINT CLEARLY

PARTICIPANT Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_ Tel no: \_\_\_\_\_

LEGAL GUARDIAN Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_ Tel no: \_\_\_\_\_

➤ **The GUARDIAN must read and understand this document, prior to the PARTICIPANT entering into any Equine Activities. Your initial at each point and signature further below, indicates you have read and understand each item.**

To VICTORY TIME FARM and their directors, employees, officers, volunteers, business operators, and site property owners (all of them collectively called the HOST)

- \_\_\_\_ 1. **I am the Parent/Legal Guardian of the Participant** named above, and am executing this form on behalf of the Participant in my capacity as parent/guardian and with **the intent that this form be binding on myself and the Participant for all legal purposes.**
- \_\_\_\_ 2. **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.
- \_\_\_\_ 3. **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.
- \_\_\_\_ 4. **I Freely Accept and Fully Assume All Responsibility** for the inherent **"RISKS"** and the possibility of personal injury, death, property damage or loss which might result from being a Participant.
- \_\_\_\_ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of my Ward/Participant and for his/her own participation limits.

\_\_\_\_ 6. In addition to consideration given for the individual to participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree

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

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form waives certain legal rights I and/or the Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)