**Victory Time Farm**

THERAPEUTIC RIDING INC**.**

Est 2011

**SEMPER VICTORIA**

1048 Bolton Road, Merrickville Ontario, K0G INO

e:mail. victorytimefarm@yahoo.ca (613) 269-4913 www.victorytimefarm.ca

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY

**For Participants aged 18 years or older.**

# PLEASE PRINT CLEARLY

PARTICIPANT Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal code:\_\_\_\_\_\_\_\_\_\_\_Tel no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  **The PARTICIPANT must read and understand, prior to entering into Equine Activities. Your initial at each point and your signature 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 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 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.

**\_\_\_\_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 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.

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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”.

SIGNED This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name of HOST Witness to signing & Initialing) (Signature of Participant)

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 (Signature of HOST Witness)

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