

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “FOR PARTICIPANTS 18 OR OLDER”

PLEASE PRINT CLEARLY

PARTICIPANT'S NAME: _____
ADDRESS: _____
CITY: _____
PROV: _____ POSTAL CODE: _____

DATE OF BIRTH: _____

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

To: Niagara Riding Stables
(Name of Person, Organization or Company providing the Equine Activities)

their directors, employees, officers, volunteers, business operators, and site property owners. (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 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.

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)

(SIGNATURE OF HOST WITNESS)

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE

How did you hear about Niagara Riding Stables? _____

Would you like to receive a periodic newsletters about Niagara Riding Stables? **Yes / No**

Email address: _____