

Waiver of Liability and Hold Harmless Agreement

Sunrise Equestrian Farm Inc.

Participant Information:

Name: _____

Date of Birth/Age: _____

Address: _____

City/Prov/Postal: _____

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Acknowledgment of Risks: I, the undersigned, understand and acknowledge that equestrian activities, including but not limited to horseback riding, horse handling, and horse care, involve inherent risks that may result in injury, illness, property damage, or death. These risks include, but are not limited to, falling from a horse, being kicked, bitten, or stepped on, and accidents caused by unpredictable animal behavior or environmental factors.

Assumption of Risk: I voluntarily choose to participate in equestrian activities provided by Sunrise Equestrian Farm Inc. I assume full responsibility for any risk of injury, illness, or loss arising from my participation, whether caused by the negligence of Sunrise Equestrian Farm Inc, its employees, agents, or representatives, or otherwise.

Release and Waiver of Liability: I hereby release, waive, and discharge Sunrise Equestrian Farm Inc, its owners, employees, agents, and representatives from any and all liability, claims, demands, or causes of action that may arise from injury, illness, or property damage incurred during my participation in equestrian activities. This waiver extends to any claims arising out of negligence or other acts by Sunrise Equestrian, except where prohibited by law.

Indemnification: I agree to indemnify and hold harmless Sunrise Equestrian Farm Inc, its owners, employees, agents, and representatives from any and all claims, actions, or liabilities arising out of or related to my participation in equestrian activities.

Medical Authorization: In the event of an emergency, I authorize Sunrise Equestrian Farm Inc. and its representatives to secure medical treatment, including hospitalization, for me or the participant listed above. I understand that I am responsible for all medical expenses incurred.

Photo Release (Optional): I grant Sunrise Equestrian Farm Inc. permission to take photographs or videos of me or the participant listed above during activities and to use them for promotional purposes, including on social media, websites, or printed materials.

Yes ____ No ____

Acknowledgment of Understanding: I have read this Waiver of Liability and Hold Harmless Agreement and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature of Participant (or Parent/Guardian if under 18):

Name (Printed): _____

Signature: _____

Date: _____

For Office Use Only: Instructor: _____

Date of First Lesson: _____

Notes: _____