

Acknowledgement of RISK and RELEASE of LIABILITY

INFANT/Participant's Name: _____ Date of Birth: _____

Address: _____ CITY: _____ PROV: _____ POSTAL: _____

Parent/GUARDIANS Name: _____ Date of Birth: _____

Tel # _____ Address: _____

CITY _____ PROV: _____ POSTAL: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: **Grace Farms** (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")

1. **I am the participant over 18 years old or I am the Parent and/or Legal Guardian of the infant Participant**, and I agree that this form be binding on myself and infant 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 of natural or man-made hazards being present that can cause me harm, including communicable disease
4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent "**RISKS**" and the possibility of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
5. I agree that although the "Host" has taken steps to reduce the "**Risks**" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant
6. **In addition to consideration given for Myself or the infant to Participate in Equine Activities, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree**
 - To Waive All Claims that I or the infant Participant might have against the "HOST"; and
 - To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I, the infant Participant or our "Legal Representatives" might suffer as a result of the infant's Participation and
 - **To HOLD HARMLESS AND INDEMNIFY THE "HOST"** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

By signing this form, I state that I have read it and I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST"

Signature of Parent/Guardian _____ Date: _____

Signature of "Host" Witness _____ Date: _____