ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Be	fore Participatin	g in Equine Activiti	es	
The following waiver of all claims, release from all liability, assum agreement are entered into by me (the Participant) with and for the	benefit of:	greement not to sue a	nd other terms of this	
Little Bits Theraputic Riding As			ts directors, officers,	
employees, volunteers, business operators, agents and site properties the generality of the foregoing, "Equine Activities" includes but is not by the "Host" to the Participant.				
Initial Each Item below after Reading and Understanding	each item:			
 I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to: (a) the propensity of any equine to behave in ways that may 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; (b) 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; (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine. 				
2. I freely accept and fully assume all responsibility for all "Ri or loss resulting from my participation in "Equine Activities"	Risks" and possibilities of personal injury, death, property damage s".			
3. 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 even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".				
 4. In addition to consideration given to the "Host" for my p executors, administrators and assigns (collectively my "Le (a) to waive all claims that I have or may have in the futur (b) to release and forever discharge the "Host" from all I resulting from my participation in the equine activity of to use such care as a reasonably prudent and careful duty imposed by law, breach of contract or mistake or (c) to be liable for and to hold harmless and indemnify th demands, including court costs and costs on a solici kind arising out of or in any way connected with my participation. 	gal Representatives e against the "Host" iability for any pers due to any cause, ir l person would use error in judgment of e "Host" from all a tor and own client articipation in "Equir	s") agree: '; ional injury, death, pro- ncluding but not limited under similar circumst of the "Host"; and ictions, proceedings, cl basis, and liabilities of the Activities".	perty damage, or loss to negligence (failure ances), breach of any aims, damages, costs whatsoever nature or	
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".				
6. I confirm that I have had sufficient time to read and unders represents the entire agreement between myself and Representatives".				
7. I confirm that I have reached the age of majority in the pro	vince in which I am	participating in "Equine	e Activities".	
Please Print Clearly Participant Name	Date of Birth			
Address				
Phone # () Email:				
	Signed this	day of	20	
(Signature of Participant)			, 20	
(Print Name of "Host" Witness to Signing and Initialing)				
(Signature of "Host" Witness)	Signed this	day of	, 20	
,				

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants <u>Under the Age of Majority</u> in the Province or Territory in which the Equine Activities are Provided by the Host WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this V The following waiver of all claims, release from all liability, assu agreement are entered into by me on behalf of the Infant Particip	Imption of all risks,	agreement not to sue a		
Little Bits Theraputic Riding Association, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant. Initial Each Item below after Reading and Understanding each item:				
1. I am the Parent/Guardian of the Infant Participant and capacity as Parent/Guardian and with the intent that his	am executing this w			
 2. I am aware that there are inherent dangers, hazards a resulting from these "Risks" are a common occurrence dangerous conditions which are an integral part of "Equi (a) the propensity of any equine to behave in ways that and to potentially collide with, bite or kick other anin (b) the unpredictability of an equine's reaction to s unfamiliar objects, persons or other animals and ha (c) the potential for other participants to behave in a others, including failing to act within their abilities to 	and risks ("Risks") a e. I am aware that the ine Activities", includ t may result in injury nals, people or object uch things as sour zards such as subsu negligent manner the	ssociated with "Equine A the "Risks" of "Equine A ling but not limited to: , harm or death to perso cts; nds, sudden movement urface objects; and hat may contribute to in	Activities" and injuries Activities" mean those ons on or around them , tremors, vibrations,	
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".				
 4. I agree that although the "Host" has taken steps to reduis not possible for the "Host" to make the "Equine Act terms of this waiver on behalf of the Infant Participant, of care or any obligation to myself or the Infant Participant. 5. In addition to consideration given to the "Host" for the heirs, next of kin, executors, administrators and assign executors, administrators and assigns (collectively our "I (a) to waive all claims that the Infant Participant has or (b) to release and forever discharge the "Host" from all the Infant Participant, or our "Legal Representatives "Equine Activities" due to any cause, including but prudent and careful person would use under simila contract or mistake or error in judgment of the "Host" (c) to be liable for and to hold harmless and indemnify demands, including court costs and costs on a sol kind arising out of or in any way connected with the	tivities" completely seven if the "Host" is nt in the Infant's part e Infant Participant's us, as well as the In Legal Representative may have in the futu I liability for personal s" might suffer as a not limited to neglige ar circumstances), b t"; and t the "Host" from all icitor and own client Infant's participation are governed excl ctivities" are provide or Territory of Canad ein. Any litigation to tivities" are provided	ncrease the safety of the safe. I accept these "Ris found to be negligent or ticipation in "Equine Activ participation in "Equine fant Participant and his/ es") agree: ure against the "Host"; I injury, death, property of result of the Infant Partic ence (failure to use such breach of any duty impose actions, proceedings, cla t basis, and liabilities of n in "Equine Activities". usively and in all respect d by the "Host". I hereby a and I agree that no oth o enforce this waiver will by the "Host".	sks" and agree to the in breach of any duty vities". Activities", I and my her heirs, next of kin, amage, or loss that I, ipant's participation in care as a reasonably sed by law, breach of aims, damages, costs whatsoever nature or cts by the laws of the irrevocably submit to her court can exercise II be instituted in the	
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".				
Please Print Clearly	•			
Infant Participant's Name				
Address	City	Province	Postal	
Parent/Guardian's Name		Date of Birth		
Address	City	Province	Postal	
Phone # () Email:				
(Signature of Parent/Guardian of Infant Participant)	Signed this	day of	, 20	
(Print Name of "Host" Witness to Signing and Initialing)	(Sig	gnature of "Host" Witness	6)	