APPENDIX C

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY (for participants 18 Years Old or Older)

Please.	Print Clearly										
Particip	pant's Name:			Date of B	rth:						
Addres	s:										
City: _	The state of the s	Province:		Postal Code:	STATE OF THE PARTY						
	Eveny Person r	nuct Pood and Underst	and this form	before Participating in E	quine Activities						
TO:	*Boa	ny Equestrian rding *Lessons	their direc	tors employees officers vo	lunteers, business operators,						
and site	e property of ners.(6	imps Clinics 16) statem collectively calle	ed the HOST)		all trees as a femiliar assessing						
Initia	l agah itam balau	After Reading and Und	dorstandina th	e item							
					lled RISKS) associated with						
1	Fanine Activities ar	nd injuries resulting from the	hese "RISKS" are	a common occurrence							
2	I Acknowledge th	at the Inherent "RISKS"	of Equipe Activit	ries mean those DANGERO	OUS conditions which are an						
	integral part of Fou	ine Activities, including l	but not limited	to:							
	• The prope	ensity of any equine to bel	have in ways tha	t might result in injury, har	m or death to persons on or						
 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. 											
											ribute to injury to themselves
										to maintain control over an	
3	. I Freely Accept a	and Fully Assume All R	esponsibility f	or the Inherent "RISKS" an	nd the possibility of personal						
	injury, death, prope	erty damage or loss resultin	ng from my Parti	cipation in Equine Activities							
4	. I Acknowledge th	at it remains my Sole Res	ponsibility to a	ct in such a manner as to be i	esponsible for my own safety						
		Within My Own Limits.									
5	. In addition to co	nsideration given for n	ny Participate	in Equine Activity, I and	my heirs, executors, ad-						
				l Representatives") agre							
	• To Waiv	e All Claims that I migh	nt have against	the "HOST"; and							
					njury, or expense that I or my						
					cause whatsoever including						
		GLIGENCE ON THE PAI									
					liability for property damage						
	or person	al injury to any third party	which might res	ult from my Participation in	Equine Activities.						
				Spensor Releving and record							
Before	signing this form I	ead it (as indicated by my	initials above) a	nd I stated that I understan	d it. I know that signing this						
form, v	vaives certain legal r	ights I or my "Legal Repres	sentatives" might	have against the "HOST".							
SIGNE	D This	31,50	day of		20						
(Print Name of Witness to Signing & Initialing)				(Signature of Participant)							
	(Signatu	re of Witness)	-								

Do Not Sign Until You Understand All Items Above