## **ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY**

(AR-0103

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

WARNING: THIS AGREEMENT WILL			
The Parent/Guardian Must Read and Understand this Waiv			
The following waiver of all claims, release from all liability,		=	
his agreement are entered into by me on behalf of the Info Kaspian Equestrian Training Centre / Rock-N-Rail Ran		below with and for the b	enent or:
ts directors, officers, employees, volunteers, busines		and cita property own	
Nithout limiting the generality of the foregoing, "Equ			•
			raii riues,
pack trips or riding instruction provided by the Host t	·	alit.	
nitial Each Item below after Reading and Understanding		-:	and Dankisia and in
1. I am the Parent/Guardian of the Infant Participant an			
my capacity as Parent/Guardian and with the intent	that his waiver be bind	ling on myself and the inf	ant Participant for
all legal purposes.	and ricks ("Dicks") asso	sisted with "Favine Activ	vitias" and injuries
2. I am aware that there are inherent dangers, hazards			
resulting from these "Risks" are a common occurrent		· · · · · · · · · · · · · · · · · · ·	ties mean those
dangerous conditions which are an integral part of "I	· ·	=	•
(a) the propensity of any equine to behave in ways the		-	ons on or around
them and to potentially collide with, bite or kid	•		
(b) the unpredictability of an equine's reaction to such			s, vibrations,
unfamiliar objects, persons or other animals a		=	
(c) the potential for other participants to behave in a		= -	y to themselves or
3. I freel others, including failing to act within their abili		<u>=</u>	
property damage or loss resulting from the Infant Pa			
4. I agree that although the "Host" has taken steps to re		•	•
it is not possible for the "Host" to make the "Equine		•	-
to the terms of this waiver on behalf of the Infant Pa	<u>-</u>	= :	=
of any duty of care or any obligation to myself or the			
5. In addition to consideration given to the "Host" for the			
I and my heirs, next of kin, executors, administrators	<u>-</u>		d his/her heirs,
next of kin, executors, administrators and assigns (co	-		
(a) to waive all claims that the Infant Participant has			
(b) to release and forever discharge the "Host" from			_
the Infant Participant, or our "Legal Represent	_		•
participation in "Equine Activities" due to any	cause, including but no	ot limited to negligence (f	ailure to use such
care as a reasonably prudent and careful perso	on would use under sim	nilar circumstances), brea	ich of any duty
imposed by law, breach of contract or mistake			
(c) to be liable for and to hold harmless and indemni	fy the "Host" from all a	actions, proceedings, clair	ns, damages,
costs demands, including court costs and costs	s on a solicitor and own	n client basis, and liabilitie	es of whatsoever
nature or kind arising out of or in any way con	nected with the Infant'	's participation in "Equine	Activities".
6. I agree that this waiver and all terms contained herei	in are governed exclusiv	vely and in all respects by	the laws of the
Province or Territory of Canada in which the "Equine	Activities" are provide	ed by the "Host". I hereby	irrevocably submit
to the exclusive jurisdiction of the courts of that Pro	vince or Territory of Ca	anada and I agree that no	other court can
exercise jurisdiction over the terms and claims referr	red to herein. Any litiga	ition to enforce this waive	er will be
instituted in the Province or Territory of Canada in v	vhich the "Equine Activ	vities" are provided by the	e "Host".
7. I confirm that I have had sufficient time to read and u	understand this waiver	in its entirety. I understa	nd that this
agreement represents the entire agreement between	n the "Host", myself as	Parent/Guardian, and th	e Infant
participant, and it is binding on myself, the Infant Pa	rticipant and our "Lega	Il Representatives".	
Please Print Clearly		•	
Print - Infant Participant's Name		Date of Birth	1
			DAY / MONTH / YEAR
Address	City	Province	Postal
rint - Parent/Guardian's Name		Date of Rirth	
Time Tarenty Guardian 3 Nume		Date of bifting	DAY / MONTH / YEAR
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