



BACK OF BEYOND EQUINE CENTRE

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2572 Muskoka Rd. 10, Huntsville, ON P1H 2J3

PLEASE PRINT CLEARLY

Family Name: _____

Address: _____

Province: _____

Family Members: _____

City: _____

Postal Code: _____

Date(s) of Birth: _____

HOST: Back of Beyond Equine Centre, their directors, employees, officers, volunteers, business operators, and site property owners (collectively).

Initial each item after Reading and Understanding the item:

- ___ 1.) **I am the parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with the intent that this form be binding to myself and the 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 for other participant(s) to act in a negligent manner that might contribute to injury themselves or others, such as failing to act within their ability or to maintain control over an equine
- ___ 4.) **I Freely Accept and Fully Assume All Responsibility** for the Inherent "RISKS" and the possibility of personal injury, death, property damages or loss which might result from the infant being a Participant.
- ___ 5.) **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ___ 6.) **In addition to consideration given for the infant to Participate in Equine Activity, 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 due to any cause **including any NEGLIGENCE ON THE PART OF THE "HOST";** and
 - **To HOLD HARMLESS AND INDEMNIFY THE "HOST"** from any and all liability for property damages, personal injury to the infant Participant or to any third part which might result from the infant's Participation

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state that 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".

SIGNED THIS _____ DAY OF _____, 20_____.

(signature of all adult family members)

(signature of parent/guardian for children under 18)

EMAIL ADDRESS: _____