



PLEASE PRINT CLEARLY

Participant Name Birth Date: Address: Phone: Email: (with multiple lines for input)

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...
2. I understand there are Inherent DANGERS, HAZARDS, and RISKS...
3. I Acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS conditions...
4. I Freely Accept and Fully Assume All Responsibility for the Inherent "RISKS"...
5. I Acknowledge that it remains my Sole Responsibility for the safety of the infant Participant...
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".

Adult or Guardian Signature Date: (with checkboxes for promotional purposes and email newsletters)