

SIGNING THIS DOCUMENT MAY EFFECT YOUR LEGAL RIGHTS

WITS END EQUESTRIAN CONSULTANTS INC.

RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application an/or permission to participate as a student or boarder or rider or instructor at the:

HORSE/RIDER TRAINING FACILITY LOCATED AT:

Part of East ½ Lot 6, Concession 8, East of Hurontario Street, Township of Mulmur, County of Dufferin, Province of Ontario, OR AT ANY OTHER FACILITY USED BY WITS END EQUESTRIAN CONSULTANTS INC.

Release and Waiver

I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOR EVER DISCHARGE

WITS END EQUESTRIAN CONSULTANTS INC.
JO YOUNG
BILL MCKEEN
WITS END FARM
WITS END HORSE TRIALS

And all their respective agents, officials, servants, contractors, volunteers, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation as aforesaid or my presence on the said property whether as a spectator, participant, competitor, instructor or otherwise; whether prior to, during or subsequent to my participation or presence AND NOT WITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid.

Indemnity

IF FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my presence or participation as aforesaid.

Dangers of Riding

I FURTHER ACKNOWLEDGE having been advised of the potential danger which may be caused by riding horses or being in the close proximity of horses, including the possibility of death, or serious injury (including without limitation neck and spinal injury), but I have decided to participate or be present as aforesaid notwithstanding this advice.

Protect Headgear Must be Worn

I ACKNOWLEDGE having been advised of the necessity to wear approved, protective headgear meeting the ASTM standards and displaying the SEI seal or British Standard BSI at all times while riding and I agree that it shall be my responsibility to ensure that I in fact wear approved protective headgear as afore described at all times while riding.

BY SUBMITTING THIS RELEASE, WAIVER AND INDEMNITY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY, I WARRANT that I am physically fit to participate or be present as aforesaid.

Date

Print Name

Signature
(If under the age of eighteen, Parent or Guardian to sign below)

Date

Print Name

Signature