

ECHO RIDGE STABLES ACTIVITY RELEASE FORM

**ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE PLEASE READ CAREFULLY!**

**TO: ECHO RIDGE STABLES (referred to as "Provider") AND TO: LAURA J. FANNING & KEN GALLANT** on my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT** in consideration of the Provider providing me or my child with their services and permitting me or my child's use of their equipment, and other facilities as well as Property Owners providing me or my child with the use of their property or equipment (hereinafter collectively referred to as **"THE SERVICES"**), I hereby agree to the following:

\_\_\_\_\_: **ASSUMPTION OF RISKS:** I am aware and understand that activities involving horses and other animals involve many risks, dangers and hazards. I am also aware that the risks, dangers and hazards exist throughout the stable, practice and other areas. I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting therefrom;

\_\_\_\_\_: **TO WAIVE ANY AND ALL CLAIMS** that I or my child have or may in the future have against the Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as **"THE RELEASEES"**) and to release **THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that me or my child's next of kin may suffer as a result of my or my child's use of **THE SERVICES** or due to any cause whatsoever. **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;**

\_\_\_\_\_: **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to the property of or personal injury to any third party resulting from my or my child's use of the services;

This agreement shall be governed by and interpreted in accordance with the laws of the province of British Columbia. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by **THE RELEASEES** other than what is set forth in this Agreement. **I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Participant's name (print) : \_\_\_\_\_, parent's name (print) \_\_\_\_\_

X \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Rider/Camper's HCBC# \_\_\_\_\_ (not required **EXCEPT** for clinics)

Emergency Contact: \_\_\_\_\_

EMERGENCY CONTACT & MEDICAL INFORMATION

Participant Name \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

Home Tel. No.(\_\_\_\_\_) \_\_\_\_\_ Other contact No.(\_\_\_\_\_) \_\_\_\_\_

**EMAIL** (please provide if you would like periodic emails about upcoming events):

\_\_\_\_\_  
Name of doctor \_\_\_\_\_ Medical No. \_\_\_\_\_

Any known allergies or medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If so specify \_\_\_\_\_

Any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so specify \_\_\_\_\_

Any comments you wish to add? \_\_\_\_\_

Please list 2 emergency contacts below: name, telephone, relationship.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

If necessary, do you give permission to obtain medical assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

In my opinion, I (or the above named participant) am physically fit for riding and other horse related activities: Yes \_\_\_\_\_ No \_\_\_\_\_ Please list any exceptions \_\_\_\_\_

\* Any medication a minor participant brings to the stable must be handed over to the director with instructions written clearly on the packaging. Participants **MUST** be able to administer their own medication.

**Photo Release:** I grant Echo Ridge Stables, its representatives and employees the right to take photographs of my child (named above) in connection with the provider's activities as well as authorize copyright, use and publication of the same in print and/or electronically: **yes** \_\_\_\_\_ **no** \_\_\_\_\_

Signed (Parent or Guardian) \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

DATE: \_\_\_\_\_