ACKNOWLEDGEMENT of RISK and RELEASE of LIABILITY For Participants 18 years or Older

Please print clearly

Participant Name			Date of Birth			
Participan	t Address: _					
City		Province	Country _		Postal Code	
	Every Persor	n must Read and Und	derstand this for	m before Parti	cipating in Equine Activities	
		RTS HORSE RESCUI of them collectively ca		employees, offi	cers, volunteers, business operator	s, and
Initial each	item below a	fter reading and und	lerstanding the it	tem.		
		there are inherent DA vities and injuries resu			S. (collectively called RISKS) association occurrence.	ciated
		that the inherent "RIS of Equine Activities. In			those DANGEROUS conditions whi	ch are
•					t in injury, harm or death to persons als, people, or objects.	on or
•		ictability of an equine bjects, persons or oth			nd, sudden movement, tremors vibrasubsurface objects.	ations,
•					anner that might contribute to inj maintain control over an equine.	ury to
		t and Fully Assume perty damage or loss			nt "RISKS". And possibilities of pen Equine Activities.	rsonal
		that it remains my So rticipate Within My Ow		to act in such	a manner as to be responsible for m	ıy own
		consideration given and assigns (collect			e Activities, I and my heirs, exec ntatives") agree;	utors,
•	To Waive A	All Claims that I migh	nt have against th	ne "HOST", and	d	
 To Release the "HOST" from Any and All Liability for any loss, damages, injury or expense that I or "Legal Representatives" might suffer as a result of my participation due to any cause whatsoever includ any NEGLIGENCE ON THE PART OF THE "HOST", and, 						
•					y and all liability for property dama	age or
		I read it (as indicated I or my "Legal Repre			derstand it. I know that signing thine "HOST".	s form
SIGNED T	his	day of 200_	<u>.</u>			
	of Participant) n until you Und	derstand all items Abo	ove			
(Print Name of PARTICIPANT)						
Print Name of Host, Witness to Signing & Initialling)						
(Signature o	of HOST)					