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**Acknowledgement of Risk and Release of Liability for
Participants NOT 18 years of age and older**

Please Print Clearly

Infant Participant's Name: _____ Date of Birth (yyyymmdd): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Guardian name/Address/Phone: _____

Emergency Contact (name and Phone number): _____

Are there any health issues that should be disclosed prior to undertaking Equine Activities? No: ____

Yes: ____ . If yes, please describe:

The Guardian must Read and Understand this form before the Infant participates in Equine Activities.

To **KINDRED FARM RECUE**, their directors, employees, officers. Name of Person, Organization or Company providing the Equine Activities) Volunteers, business operators, and site property owners (all of them collectively called the HOST). **Initial each item** below 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 on myself and 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 of death
 - to persons on or around them and to potentially collide with, bite or kick other animals, people, or



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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 to 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 damage or loss which might result from the infant being a Participant in Equine Activities.

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 the infant participant or my “Legal Representatives” might suffer as a result of the infant’s participation due to any cause whatsoever, including any NEGLIGENCE ON THE PART OF THE “HOST” and
- To Hold Harmless and Indemnify the “HOST” from any and all liability for property damage or personal injury to the infant participant or to any third party which might result from the infant’s participation in Equine Activities.

Before signing this form, I have read it (as indicated by my initials above), and I state that I understand it. I know 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 _____ 2_____

Name of Infant Participant: _____ Signature of Infant Participant: _____

Name and Signature of Parent/Guardian: _____

Name of Host: _____ Signature of Host: _____

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD ALL OF THE ABOVE ITEMS