**ACKNOWLEDGMENT OF RISK and RELEASE OF LIABILITY**

**THE PARENT OR LEGAL GARDIAN MUST READ AND UNDERSTAND PRIOR TO THE MINOR PARTICIPATING IN EQUINE ACTIVITIES**

Upon participating in activities conducted by Heavenly Acres, EAL Canada Coach and Facilitator and Equi-Health Canada’s Instructor, Nancy Janssens, her employees, volunteers, contractors, business operators, event host and site property owners (collectively called *the Provider*) **I, and on the behalf of any minor children participating in these activities for whom I am legally responsible, agree to abide** by all rules and procedures. I understand that by signing this document **I waive certain legal rights including the right to sue.**

**ASUMPTION OF RISKS – Parent or Legal Guardian to initial each item below after reading ad understanding the item**

1. I understand that activities involving horses involve many **RISKS, DANGERS** and **HAZARDS** (collectively called *Risks)* associated with equine activities or activities on the farm and injuries resulting from these “RISKS” **are a common occurrence**. \_\_\_\_\_\_\_\_\_\_\_\_
2. I understand that **horses**, which are powerful and potentially dangerous animals, **may change their behavior at any time** and may, without warning, jump, run wildly, buck, kick, bite, roll and step on people or things. \_\_\_\_\_\_\_\_\_\_\_\_\_
3. I understand that **horses may collide** with other horses, objects and people; **trip, stumble and fall**; even if being led, ridden, trained, and attended to. \_\_\_\_\_\_\_\_\_\_\_\_\_
4. I understand that **equipment may fail**, including, but not limited to, saddles, stirrups, headstalls, halters, ropes and leather. \_\_\_\_\_\_\_\_\_
5. I understand that **weather conditions can change** and can sometimes become dangerous or increase the risks of incident or accident. \_\_\_\_\_\_\_\_\_\_\_
6. I understand that the **nature of the terrain has certain risks** associated with it including, but not limited to, exposed natural objects, uneven surfaces, ice, snow, trees, streams, rivers and creeks. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. I understand that the activities can sometimes be in remote areas and that **emergency response** such as first responders, doctors, hospitals or any other type of assistance **may be at a considerable distance**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. I understand that the **risks, dangers and hazards** referred to above exist throughout the trails, lands, stables, practice areas, pens, corrals, property and many **are unmarked**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved in equine and farm activities and **I freely accept and fully assume all responsibilities for the inherent RISKS, DANGERS and HAZARDS and the possibility of PERSONAL INJURY, HARM, DEATH, property damage and loss resulting therefrom. \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_
10. I acknowledge that it remains my **sole responsibility** to act in such a manner as to be responsible for **my own safety** and to **participate within my own limits**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. In addition to consideration given for my participation in equine and farm activities, and the participation of any minor children for whom I am legally responsible, **I, my children, my heirs, executors, administrators and assigns** (*collectively called my “Legal Representative”* **agree TO WAIVE ALL CLAIMS against “*The* *Provider”***; to **release “*The Provider”*** **from any and all liability** for any loss, damages, injury, or expense that I or my “*Legal Representative”* (including the “*Legal Representative*” of the any minor children for whom I am legally responsible) might suffer as a result of my participation due to any cause whatsoever **INCLUDING ANY NEGLIGENCE ON THE PART OF “*THE PROVIDER”*;** and **TO HOLD HARMLESS AND INDEMNIFY “*THE PROVIDER”*** from any and all liability for property damage or personal injury to any third party which might result from my participation in equine and farm activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGING 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 PROVIDER.**

Signed this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_\_\_\_, in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the same address as the Parent or Legal Guardian? Yes □ / No \_\_\_□ *(if not write both contact information)*

Name of Parent/Legal Guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (the parent or legal guardian) consent to be contacted via email by Heavenly Acres and/or Nancy Janssens: yes □ / no □

Witness’ name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RULES AND CONSENT FOR VIDEO TAPING AND PICTURES**

Please read the information below and sign **initials when in agreement**

1. Heavenly Acres does **not** allow videotaping, recording, filming or any similar continuous form of taping during its courses, workshop, retreats, and training. I agree to respect this rule. \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Heavenly Acres **allows** pictures to be taken at certain times, **unless one or more** participants have asked that no pictures be taken. I agree to respect this rule. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. I **give consent** for my picture **to be taken**. I understand that the pictures may be posted on the Provider’s social media, internet or sent via email \_\_\_\_\_\_

**OR**

* 1. I **DO NOT** give consent for my pictures **to be taken**. \_\_\_\_\_\_\_\_\_

If this is the case, **also ADVISE the Provider VERBALLY BEFORE the start of the workshop**.