



Release of Liability and Acknowledgment of Risk Equine Activities

Name: _____ Birthdate: _____

Address: _____

Every Participant at the Municipality of Central Huron, the Regional Equine & Agricultural Centre of Huron Inc. (Called REACH Huron), shall carefully read this notice before signing. No Participant will be allowed to attend prior to reading and signing this RELEASE and ACKNOWLEDGMENT FORM.

To: The Regional Equine & Agricultural Centre of Huron Inc. and the Municipality of Central Huron, their respective directors, officers, employees, representatives, agents, instructors, officials, volunteers, business operators, and site property owners, (all of them collectively called the “HOST”).

I am aware and understand that there are inherent Dangers, Hazards, and Risks, (collectively called RISKS) associated with Equine Activities. I acknowledge that these 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 may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity; the unpredictability of an equine’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; the equine’s response to certain hazards such as surface and subsurface objects; collisions with other equines, animals, people, and objects; the potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability. I understand that injuries resulting from such “RISKS” are a common and ordinary occurrence associated with Equine Activities. I understand that participation includes possible exposure to and illness from infectious diseases including, but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of REACH Huron immediately.

I freely accept and fully assume all the “RISKS” and the possibility of personal injury, death, property damage or loss from being a Participant. 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. In consideration of the “HOST” permitting my Participation at “REACH Huron”, I together with my heirs, executors, administrators and assigns, (collectively called my “Legal Representatives”) agree as follows:

To waive all claims that I may have against the "HOST"; and, to release the "HOST" from any and all liability for any loss, damages, injury, or expense that I or my "Legal Representatives" may suffer as a result of my Participation at "REACH Huron" due to any cause whatsoever INCLUDING NEGLIGENCE ON THE PART OF THE "HOST"; and, TO HOLD HARMLESS AND INDEMNIFY the "HOST" from any and all liability for any property damage or personal injury to any third party resulting from my Participation at "REACH Huron". I have read and understand the rules at "REACH Huron" which apply to me. I agree to abide by those rules and acknowledge that a breach of the rules may among other things result in my expulsion from "REACH Huron". Before I signed this Release and Acknowledgment, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", or, if I die, by signing this Release and Acknowledgment, I am waiving certain rights that my Legal Representatives may have against the "HOST",

SIGNED This _____ day of _____, 20_____

Signature of Participant

Witness

Or If The Participant Is a Minor (Under 18 Years Of Age At Date Of Signing) I am the legal guardian of the Participant named herein and am executing this Release and Acknowledgment on behalf of the Participant in my capacity as guardian and with the intent that this Release and Acknowledgment be binding on the infant Participant for all legal purposes. Before I signed this Release and Acknowledgment, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", and which the infant Participant has against the "HOST". In the event of my death or the death of the infant Participant, by signing this Release and acknowledgment, I am waiving all legal rights which my Legal Representatives or the Legal Representatives of the infant Participant may have against the "HOST".

SIGNED This _____ day of _____, 20_____

Signature of Guardian of Participant

Witness