

Diversity Horsemanship  
Acknowledgement and Release

1. I, (Print Participant's Name Here): \_\_\_\_\_ acknowledge the sport of Horseback riding is a high risk sport and no helmet or protective equipment can protect against all foreseeable injury. I further acknowledge the risks in riding and working around horses and that these risks can include bodily injury to both horse and rider resulting from normal use, training, and competition.

2. In consideration of Diversity Horsemanship accepting my application as a student, I hereby assume all risks inherent in the sport of horseback riding, and release Diversity Horsemanship, it's owners, employees, and volunteers of all responsibilities, liabilities, or claims of any nature and kind which I may have as a result of my boarding and training my horse/ or taking lessons or riding with Diversity Horsemanship, including but not limited to bodily injury or death to myself, or to my horse and damage to my person or property arising from any cause whatsoever including the negligence of Diversity Horsemanship, its owners, employees or volunteers.

3. I declare I have read and fully understand and agree to the terms and conditions stated herein, and that this acknowledgement and release is binding upon me, my executors, heirs, and assigns to the extent permitted by law.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ in the province of Manitoba.

Applicant: \_\_\_\_\_  
Witness: \_\_\_\_\_

If the rider is under 18 years, the parent/ guardian must also sign below:

I, the parent/ guardian of \_\_\_\_\_, acknowledge that I have read and fully understand and agree to the terms and conditions stated herein, and that this acknowledgement and release is binding upon me, my executors, stated heirs, and assign to the extent permitted by law.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ in the province of Manitoba.

PARENT/ GUARDIAN (if rider under 18): \_\_\_\_\_

EQUESTRIAN ACTIVITIES  
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the equestrian program related events and / or activities of \_\_\_\_\_ (e.g. riding lesson program, boarding, showing, etc.), the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while the particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and cautionary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, and personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS DIVERSITY HORSEMANSHIP.** Their officials, officers, agents, and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners, and leasers of premises used to conduct the event ("Releases"), **WITH RESPECT TO**

ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME: (print): \_\_\_\_\_

PARTICIPANT'S SIGNATURE: X \_\_\_\_\_

Witness: \_\_\_\_\_ Date signed: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE  
( Under 18 at the time of registration)

This is to certify that I, as a parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_ Parent/ Guardian's signature  
X \_\_\_\_\_ Witness

PARTICIPANT INFORMATION

For our information in case of emergency we require everyone riding or participating in an equestrian activity with Diversity Horsemanship to fill out the following:

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell or other \_\_\_\_\_  
Email Address: \_\_\_\_\_

IN CASE OF EMERGENCY CALL: Name: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Other Emergency Contact : Name : \_\_\_\_\_ Phone # : \_\_\_\_\_