

Eastern Ontario Paint Horse Club Risk and Waiver of Liability

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

I / We request permission to participate in all equestrian related events / clinics / shows being organized by Eastern Ontario Paint Horse Club (E.O.P.H.C.) for the year _____.

I / We fully understand that horseback riding, handling and grooming of horses and other equestrian activities are very dangerous.

I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against E.O.P.H.C. or officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities.

#1 SPOUSE SIGNATURE

PRINT NAME

#2 SPOUSE SIGNATURE

PRINT NAME

All Youths (18 years of age and under) MUST wear an Approved Head Gear

I also understand that while participating in this High Risk Sport it is, compulsory that my child wears a correct and proper headgear and footwear while mounted at all times at all E.O.P.H.C. events. NO EXCEPTIONS.

I accept and assume all risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my CHILD / CHILDREN being permitted to participate in these activities, for my CHILD / CHILDREN, myself, my CHILD'S / CHILDREN'S heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against E.O.P.H.C., or its officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback related activities.

I acknowledge as parent / guardian that I have read and fully understand and agree to the term and conditions stated herein and that it is binding upon my executors, heirs and assigns.

PARENT'S or GUARDIAN'S SIGNATURE OF LISTED YOUTH(S)

PRINT NAME

THIS RELEASE AND ACKNOWLEDGEMENT SHALL REMAIN IN EFFECT FOR THE DURATION OF THE 2009 SEASON