

RIDER RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES- PLEASE READ CAREFULLY

I acknowledge that equestrian sports are high-risk and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to utilize the facilities including, hacking, cross country schooling, dressage training, show jump schooling or participating in competitions, I hereby assume all risk and I hereby release and absolve Wits End Equestrian Consultants Inc, Wits End Events, Jo Young, Bill McKeen, Amanda Hunter and their officials and volunteers, representatives and employees and independent contractors from all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organizations referred to herein.

I acknowledge that I am required to, and will wear the following:

- proper riding attire, including boots or half chaps _____ (initial) _____ (parent initial if under 18)
- SEI approved Helmet _____ (initial) _____ (parent initial if under 18)
- If riding cross-country, an ASTM SEI approved body protector; with or without an air-vest. _____ (initial) _____ (parent initial if under 19)

COVID-19

I understand the risks of coming into contact with other people during the COVID-19 global pandemic at the facility. I understand that I could become infected with COVID-19 while at the facility. I agree to waive all liability and to indemnify the facility for damages that may be incurred by the facility as a result of any mis-statement in this self declaration.

To my knowledge I and no member of my household has had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15days.

Neither I nor anyone in my household has experienced any COVID-19 symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing, aches and pains, fatigue, headache, loss of taste or smell, diarrhoea, vomiting, conjunctivitis, rash or discoloration of fingers or toes.

I have not, nor has anyone in my household, returned from any destination outside of Canada or travelled in an airplane from any destination within the last 15 days.

I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Print Name of Rider: _____

Signature of Rider: _____

Date: _____

(If the Rider is under 18, the parent/Guardian must also sign below)

I acknowledge as Parent/Guardian of the Rider that I have read and fully understand and agree to the terms and conditions stated herein on behalf of and myself.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____