

Acknowledgement of Risk and Release of Liability

(For Participants 19 Years and Older)

PLEASE PRINT CLEARLY

First Name:		Last Name:	
Date of Birth:		PEI Healthcard #:	
Mailing Address:			
City, Prov.		Postal Code:	
Email Address:			
Phone:		Phone:	

EVERY PERSON MUST READ AND UNDERSTAND THIS FORM BEFORE PARTICIPATING IN EQUINE ACTIVITIES AT RASSICOT FARM

To: Stephanie Gallant, Owner of Rassicot Farm (1260 Church Rd., Wheatley River, PE)

and their spouse, immediate family, directors, employees, officers, volunteers, business operators, and site property owners. (collectively called the "HOST")

Initial Each Item Below AFTER Reading and Understanding the Item

___1. I Understand there are Inherent DANGERS, HAZARDS and RISKS, (collectively called RISKS) associated with Equine Activities and injuries resulting from these RISKS are a common occurrence.

___2. I Acknowledge that the 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 might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

___3. I Freely Accept and Fully Assume All Responsibility for the Inherent RISKS and the possibility of personal injury, death, property damage, or loss resulting from my Participation in Equine Activities.

___4. 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.

____5. In addition to consideration given for my Participation in Equine Activity and the associated RISKS, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree:

- To Waive All Claims that I might 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” might suffer as a result of my Participation due to any cause whatsoever including any NEGLIGENCE ON THE PART OF THE “HOST”; and
- To HOLD HARMLESS AND INDEMNIFY THE “HOST” from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____, 2020

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE	
Participant Signature	Host Signature
Print Name:	Stephanie Gallant
Witness	Witness

Emergency Contact Information

In case of an emergency where you are unable to contact your personal supports – Rassicot Farm will contact the individuals identified on this form, on your behalf, at the earliest reasonable opportunity to provide information about your location and condition. We will also provide these contacts to the First Responders and/or other medical professionals.

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
<u>Notes</u>	<u>Notes</u>