



Waiver Form For Lethbridge Therapeutic Riding Association
RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING

Please Print Clearly:

Participant's Name: _____ DOB (d/m/yy): ____/____/____
Address: _____ City: _____ Prov: ____ Postal: _____

The Lethbridge Therapeutic Riding Association will be referred to as "LTRA".

The undersigned acknowledges that equine activities undertaken at the facility and grounds of Rainbow Riding Center (the facility at LTRA) have inherent risks.

The LTRA will endeavour to provide reasonable services and to act reasonably, although the LTRA is not able to assure you that the services they, or anyone else at the LTRA facility provides or the horses and animals at the LTRA, will meet your needs or provide a trouble free or risk free experience.

The undersigned releases the LTRA, its agents and employees from all liability and waives, as against the LTRA its agents and employees all recourses, causes of action or claims of any kind for loss or damages, including any consequential loss or damage, and voluntarily accepts the legal risk, thereby expressly giving up any right of action from the physical risk arising from any actions initiated by the undersigned or, by anyone who is not affiliated with the LTRA, who is acting on the undersigned's behalf.

The undersigned further acknowledges and agrees that:

Equestrian activities can be very dangerous and expose all participants to many risks and hazards, some of which are inherent in the very nature of the sport.

As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death as a result of my presence and actions of the facility of the LTRA and any activities I engage in with the LTRA, or in or around the LTRA facility.

Some of the risks and hazards are a foreseeable, but many others are not.

I nevertheless, freely and voluntarily assume all possible risks, and hazards and acknowledge that my use of the facilities at LTRA, while participating in any activities, shall be entirely at my own risk, or at the risk of those for whom I am a guardian or caregiver.

I understand that LTRA its agents and employees do not assume any responsibility or liability whatsoever for my actions while I am engaged in any of the activities or using any of the facilities in any way.

I have carefully read this Release, Waiver of Claim and Assumption of Risk, and declare that I understand it and that I am freely and voluntarily executing it.

By signing this Release, Waiver of Claim and Assumption of Risk Warning, I will be FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST LTRA its agents and employees for any loss or damage or injury or death I may sustain as a result of my own actions.

I understand that the LTRA will not permit me to use the facilities now or in the future at the Rainbow Riding Center unless I sign this Release, Waiver of Claim and Assumption of Risk Warning.

This Release, Waiver of Claim and Assumption of Risk are binding upon myself, my heirs, my executors, administrators, personal representatives, assigns.

Dated: _____
(mm/dd/yyyy)

(Signature of Arena user or Legal Witness)

(Printed name of Student/Rider)

(Printed Name of Witness)