



Registration Form and Waiver

Session Date: _____

Participant's Info:

First Name _____ Family Name _____

Street Address _____

City and Postal Code _____

Email Address _____ Age _____

Emergency Info:

Name & Relationship _____

Contact Phone Numbers _____

Name & Relationship _____

Contact Phone Numbers _____

Health Card # _____ Medical Conditions _____

There will always be risks involved in riding, but at the Ranch we do our utmost to minimize those risks. For information on our safety standards, please speak with our staff, or visit our website at www.ridetheranch.com. The following waiver must be completed in order for your child to ride.

I _____ (parent/legal guardian) of

_____ (child's name)

acknowledge there is an element of risk of injury in horse back riding and agree that I have chosen to allow the above child to ride at the Ranch **at our own risk**. I therefore agree on behalf of myself and the child to hold the Ranch, it's instructors, counselors and employees free from all damages or liability for any injury to the child arising as a result of the use of their horses or equipment or while visiting the Ranch.

I acknowledge my child will be provided with a fitted certified riding helmet, and **will not be permitted to ride without one**. I also understand the importance of wearing **heeled footwear** and acknowledge that I have been advised by the Ranch to do so.

Date: _____ 2004 Signature of Parent/Legal Guardian: _____

ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY!



To: **THE RANCH**









And To: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL,
REGIONAL AND MUNICIPAL)



On my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following:

ASSUMPTION OF RISKS


I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

-  Horses, which are powerful and potentially dangerous animals, may change their behavior at any time and may, without warning, jump, run wildly, buck, kick, bite, or step on people or things;
-  Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden, or attended to;
-  Negligence – which means, in general terms, a failure to exercise ordinary or proper care – or other riders or my or my child's own failure to ride safely, within my or my child's ability or within designated areas and trails;
-  Equipment may fail;
-  Weather conditions can change and can sometimes be dangerous;
-  The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks;
-  The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
-  Negligence on the part of A PROPERTY OWNER AND-OR THE RANCH OR THEIR STAFF.





I am also aware that the risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience, or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of THE RANCH providing me or my child with their horse or sleigh riding and other services and permitting my or my child's use of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property – hereinafter collectively referred to as "The Services" – I hereby agree as follows:

-  TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or THE RANCH and their directors, officers, employees, agents, representatives and volunteers – all of whom are hereinafter collectively referred to as "THE RELEASEES"– and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child's, next of kin may suffer as a result of my or my child's use of the services or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATURORY OR OTHER DUTY OF CARE INCLUDING ANY

DUTY OF CARE OWED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;

-  **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damages to their property or personal injury to any third party resulting from my or my child's use of the services;
-  This Agreement shall be effective and binding upon my or my child's heirs, next of kin, executors, administrators, assigns and representatives in the event of my or my child's death or incapacity;
-  This agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario; and
-  Any litigation involving the parties of this Agreement shall be brought within the Province of Ontario.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND-OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20 _____

Name	Date of Birth	Signature of Customer	Witness
_____	_____	_____	_____

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN

PROTECTIVE HEAD GEAR:

ALL MINORS – riders under 19 years of age – are required to wear protective head gear in the form of a high impact helmet.

IT IS HIGHLY RECOMMENDED THAT ALL RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET AND RIDING BOOTS WHILE RIDING A HORSE.

If **ADULTS** choose **NOT** to wear a protective helmet while riding a horse, please sign below.

I have taken the responsibility for NOT wearing protective head gear. I fully understand the risks involved while riding horses and that if an accident should occur involving an injury I will not hold THE RANCH responsible.

Date _____ Name of Rider _____

Signature of Rider _____