**RELEASE AND WAIVER OF LIABILITY**

**AND ASSUMPTION OF RISK AGREEMENT**

(for parent/guardian of rider)

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| We (I), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge and agree that in consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant) being permitted to participate in the activities of Southlands Therapeutic Riding Society, we (I) release Southlands Therapeutic Riding Society and their employees, directors, agents, independent contractors, subcontractors, representatives, sponsors, volunteers, successors and assigns (referred to collectively as STaRS) from all liability, claims, causes of action of any kind whatsoever in respect of all personal/bodily injury, death or property loss which my child/ward may suffer resulting from any cause whatsoever including but not limited to:   1. risks, dangers and hazards associated with being around and/or riding horses, 2. risks, dangers and hazards associated with participating in a therapeutic riding program, 3. risks, dangers and hazards associated with being around barn, arena and farm equipment, 4. loss or injury caused by negligence, breach of contract or breach of statutory duty of care on the part of STaRS. 5. We (I) acknowledge that participation in a therapeutic program involving horse riding and other activities working with and around horses in barns, arenas and outdoors can be dangerous and expose our child/ward to risk of injury and/or death and/or property damage, and we (I) freely and voluntarily assume all such risks for our child/ward.. 6. We (I) hereby agree this Release and Waiver of Liability and Assumption of Risk extends to all acts or omissions including those constituting negligence by STaRS and is intended to be as broad and inclusive as is permitted by the laws of British Columbia, and if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. |

WE (I) HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT WE (I) HAVE GIVEN UP ESSENTIAL LEGAL RIGHTS BY SIGNING IT. WE (I) HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE AND INTEND OUR (MY) SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Parent/Guardian’s Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Witness’ Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Print Witness Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Telephone Number* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Parent/Guardian’s Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Witness’ Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Print Witness Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Telephone Number* |