Equine Release & Waiver of Liability, Assumption of Risk, & Indemnity Agreement

Willow Haven Farm
Chipman Alberta

Name:
Date:
Address:

In Consideration of participating in activities and use of horse owned by

_____

At (Address) _____

IMPORTANT NOTICE
BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNERS HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT **WILLOW HAVEN FARM, CHIPMAN, ALBERTA** INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND ARE IN AGREEANCE TO ITS TERMS.

By Signing this from I hearby acknowledge on behalf of _____

_____

(Name of rider/guardian if participant is a minor) myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and I recognize the inherent risk involved in riding and working with horses. **Note: Open toe shoes are not permitted when riding/handling horses. All activities must be approved and supervised by the facility (Jack, Wendy or Shannon Janssen) and horse owner. Participants and animal safety will be considered for all activities taking place on the premises. Although not mandatory, riders are strongly encouraged to wear a helmet.**

Participant Name & Signature:
Guardian Name & Signature:
Participant/Guardian Phone #:
Email Address:
Date: