



Ponies and Puppies CARE for Kidneys Schooling Show
Daisy Meadows Equestrian - MJM Equestrian Centre



Name of Rider: _____ Age: _____
 Address of Rider: _____ OEF: _____
 Name of Horse: _____ Coach: _____
 Phone Number: _____ Email: _____

EQUESTRIAN ACTIVITIES

WAIVER AND RELEASE OF LIABILITY (Attaching to and forming part of Policy # EA00091)

In consideration of being allowed to participate in any way in the Hollipop Schooling Series Equestrian Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MJM Equestrian, Daisy Meadows Equestrian their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHEN CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its Terms, understand that I have given up Substantial Right by signing it, and sign it freely and voluntarily without any inducement.

X _____ X _____
 Participant's Signature Witness
 X _____
 Date Signed

**FOR PARTICIPANTS OF MINORITY AGE
(Under Age of 18 at time of Registration)**

This certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ X _____
 Parent/Guardian's Signature Emergency Phone Number
 X _____ X _____
 Date Signed Witness