

West Winds Riding Centre

P.O. Box 328 Balzac AB TOMOEO

Phone 403-912-4007

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY**

I agree to provide and wear protective headgear, boots with a proper heel, and to be fully responsible to take all other actions to ensure that I am acting responsibly and safely. I will abide by all directions, and rules and other regulations, provided by West Winds Riding Centre, its owners, agents, employees, or volunteers. I will be fully responsible to West Winds Riding Centre, its owners, agents, employees, or volunteers for claims, actions, costs or damage which may occur to West Winds Riding Centre, its owners, agents, employees, or volunteers or to other participants at West Winds Riding Centre as a result of my negligence or carelessness.

I acknowledge that the sport of horses is a high-risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards, which are inherent in this sport. I further acknowledge the inherent risks in riding and working around horses, which include bodily injury to both horse and rider, which can result from normal use, competition or schooling.

In consideration of being allowed to participate at and use the facilities of West Winds Riding Centre, I hereby assume all risk and I hereby release and absolve West Winds Riding Centre, its owners and employees from all responsibility, liability or claims of any nature arising from my participation in this activity, including but not limited to injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organization referred to herein.

I hereby declare that in signing this document I have read and fully understand and agree to the terms and conditions stated in and that it is binding upon my executors, heirs and assigns.

NAME OF RIDER \_\_\_\_\_ BIRTHDAY (IF UNDER 18) \_\_\_\_\_

ADDRESS OF RIDER \_\_\_\_\_  
\_\_\_\_\_

CITY AND POSTAL CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE OF RIDER \_\_\_\_\_ DATE \_\_\_\_\_

If the rider is under eighteen years of age, the parent/guardian must also sign: I acknowledge as Parent/Guardian of \_\_\_\_\_ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of \_\_\_\_\_ and myself.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

