

## Liability Waiver and Assumption of Risk Agreement 20\_\_\_\_

To: Panorama Ridge Riding Club and to PRRC representatives, staff, volunteers, agents and PRRC members (hereinafter referred to as "PRRC").

Event: FOR ALL RIDING & OCCASIONS IN THE YEAR FOR THE YEAR 20

Event Location: Panorama Ridge Riding Club 5281-5483 125A Street, Surrey, BC, V3X 1W6

I am a: \_\_\_\_ Member \_\_\_\_ Non-Member \_\_\_\_ Non-Rider

(Please initial \* below)

\*\_\_\_\_\_I acknowledge that the sport of horse riding is a high risk activity and that I am participating at my own risk and choice, and I am in full knowledge of the potential hazards which are inherent in the sport.

\*\_\_\_\_\_I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to horse and/or rider and/or anyone in the presence of horses, which result from normal use, competition, or schooling. \*\_\_\_\_\_In consideration of being allowed to participate in the event, I hereby assume all risk and I hereby release PRRC members and the owners and occupiers of the land upon which the competition is being held, from responsibility, liability and all claims of any nature and any kind which I may have from my participation in this activity, included but not limited to bodily injury or death to myself or my horse or any minors in my care and damage to property arising from any cause whatever, including the negligence of one or more of the individuals or the organization referred to herein.

\*\_\_\_\_\_I HEREBY DECLARE THAT IN SIGNING THIS AGREEMENT THAT I HAVE READ AND FULL UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS AND ASSIGNS.

Name of Rider:	Horse Council:
Signature of Rider:	Date:
Address:	City:
Postal Code:	
Email:	
Name of Horse Owner:	Horse Council of Owner:
Signature of Horse Owner:	Date:
ride at Panorama Ridge Riding Club may be revoked. * <mark>If the rider is 18 years of age or younger the parent or guardian must also initial *above and</mark> sign below.	
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	
Name of Parent/ Guardian (please print)	
Address	
Phone # Email:	
Signature of Parent/Guardian	Date:

Updated: February 2023