

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: _____

NORTH SHORE EQUESTRIAN CENTER LTD., its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Participant Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

(Signature of Participant)

Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)

Signed this _____ day of _____, 20____

Phone #'s

(h)

(Call)

Email

ALL NEW RIDERS/PARENTS MUST AGREE TO THE FOLLOWING AND OPEN AN ACCOUNT OF CREDIT WITH NORTH SHORE EQUESTRIAN CENTER LTD.(NSEC).

PART I

I, _____ AM RESPONSIBLE FOR THE PAYMENT FOR ALL LESSONS AND SERVICES TAKEN BY THE RIDER/CLIENT _____ . I UNDERSTAND THAT NSEC WILL SEND BY MAIL A STATEMENT OF ACCOUNT EACH MONTH SHOWING THE OPENING BALANCE (IF ANY) AND ALL TRANSACTIONS FOR THE MONTH PREVIOUS. I WILL MAKE FULL PAYMENT PROMPLY UPON RECEIPT OF THE STATEMENT AND NO LATER THAN 30 DAYS FROM THE END DATE OF THE STATEMENT PERIOD.

I MAY MAKE PAYMENT BY CASH, CHEQUE, BANK DRAFT, POSTAL MONEY ORDER, MASTERCARD, VISA OR INTERAC BEFORE OR BY THE DUE DATE. IF I HAVE NOT PAID BY THIS DATE I GIVE NSEC PERMISSION TO CHARGE THE END BALANCE OF THE STATEMENT TO ONE OF THESE CREDIT CARDS AND NOTIFY ME OF THIS:

MASTERCARD/VISA #
MASTERCARD/VISA #

EXPIRY DATE:
EXPIRY DATE:

Signature: _____ Name on Card: _____

NSEC IS TO AUTOMATICALLY CLEAR MY MONTHLY BALANCE USING THE ABOVE CREDIT CARD NUMBER: YES ___/NO ___

Signature: _____

I WILL CONTACT NSEC AND NOTIFY THE OFFICE OF ANY CHANGE IN MY CREDIT CARD NUMBER OR EXPIRY DATES, MY MAILING ADDRESS, CONTACT PHONE NUMBER/S OR EMAIL ADDRESS.

I UNDERSTAND THAT THIS FORM IS TO BE KEPT LOCKED IN A SECURE PLACE AND WILL BE KEPT IN STRICT CONFIDENCE.

PART II

I UNDERSTAND THAT NSEC HAS A 'MISSED LESSON' POLICY THAT IS POSTED IN THE STABLES. I HAVE READ THIS AND WILL ADHERE TO THIS POLICY. I UNDERSTAND THAT ANY 'MAKE UP' LESSONS NOT BOOKED AND COMPLETED BY THE END OF JUNE EACH YEAR WILL BE CHARGED TO MY ACCOUNT AT THE 'MISSED LESSON RATE'.

Signature: _____ Date: _____