

EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name of rider:

Phone:

Parent or Guardian Signatures Will act as the Participant Signatures if the Participant is Under 18 years old.

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by Elite Equestrian. Whose address is 1602 route 635 Harvey York co, NB.

IMPORTANT NOTICE

By signing this form, I hereby acknowledge on behalf of myself that I have familiarised myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release Elite Equestrian and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Elite Equestrian, its principals and agents.

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at Elite Equestrian, there will not be a nurse on the premises and Elite Equestrian and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Elite Equestrian and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Elite Equestrian or any acts or omissions of Elite Equestrian principals or agents.

(Initial)

By signing this Agreement, and by initialling the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/ or participation in the activities at Elite Equestrian, without restriction, without liability to Elite Equestrian, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities of Elite Equestrian I do so at my own risk, and I hereby acknowledge and agree that Elite Equestrian and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Elite Equestrian.

Name:

Date:

Participant's Signature:

Screening for COVID-19

PLEASE DO NOT ENTER THE BUILDING WITHOUT ANSWERING THE FOLLOWING QUESTIONS

1. Do you have at least two of the following symptoms:

- Fever above 38°C
- New onset fatigue
- New or worsening chronic cough
- New onset muscle pain
- Sore throat
- Diarrhea
- Runny nose
- Loss of taste
- Headache
- Loss of smell

2. Are you under the age of 18 and experiencing purple fingers or toes?

If you answered YES to question 1 or 2, self-isolate immediately and call 811 or your family physician for further direction.

3. Have you returned from travel outside of New Brunswick within the last 14 days?

4. Have you had close contact within the last 14 days with a confirmed case of COVID-19?

THE ABOVE QUESTIONS AT THE TIME OF ENTRY

Name:

Date:

Participant's Signature:

(Initial)