**ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY**

“For All Participants -Guardians must fill out for the Rider under age”

Participant’s Name: Click here to enter text.

Date of Birth: Click here to enter text.

Rider’s Address: Click here to enter text.

Email: Click here to enter text.

If under 18 yrs old, Guardian’s Name: Click here to enter text.

Phone: Click here to enter text.

Guardian’s Address: Click here to enter text.

The Participant/Guardian must Read and Understand prior to the participating in **Equine Activities** that KINGSTON SHORT COURSE EVENTING and the

**HOST site:** Click here to enter text.,

(Name of Person, Organization or Company providing the Equine Activities)

and their directors, employees, officers, volunteers, business operators, representatives, and site property owners are not responsible for any of the below statements and cannot be held accountable. (Collectively known as the HOST.)

Initial each item below After Reading and Understanding the item:

[ ] I hereby release and absolve the HOST from all responsibility for loss of property, injury, or death.

[ ] I am the Rider or the Parent and/or Legal Guardian of the Participant named above and am executing this form on behalf of the Participant in my capacity as parent and/or guardian and with the intent that this form be binding on myself and Participant for all legal purposes.

[ ] I understand there are inherent DANGERS, HAZARDS and RISKS, (collectively called RISKS) associated with Equine Activities and injuries resulting from these RISKS are a common occurrence.

[ ] I acknowledge that the inherent RISKS of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to:

• The propensity of any equine to behave in ways that might 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.

• 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.

• The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

[ ] I freely accept and fully assume all responsibility for the inherent RISKS and the possibility of personal injury, death, property damage or loss which might result from myself/the infant being a Participant.

[ ] I acknowledge that it remains my Sole Responsibility for the safety of myself/the Participant and for myself/the Participant to participate within his/her own limits.

[ ] In addition to consideration given for myself/the infant to participate in Equine Activity, I and my heirs, executors, administrators and assigned legal representatives agree:

• To Waive All Claims that I or the Participant might have against the HOST

• To Release the HOST from any and all liability for any loss, damages, injury, or expense that I, the Participant or our legal representatives might suffer as a result of participation due to any cause including any NEGLIGENCE ON THE PART OF THE HOST and to HOLD HARMLESS AND INDEMNIFY THE HOST from any and all liability for property damage or personal injury to myself/the Participant or to a third party which might result from our participation.

Before signing this form, I have read (as indicated by my initials above) and understand therein. I further state I am aware that signing this form, waives certain legal rights I and/or the Participant and/or our legal representatives might have against the HOST.

SIGNED This Click here to enter a date.

(Signature of Participant )

(Signature of Parent/Guardian)

(Signature HOST /Witness)

Name of HOST Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Do not sign until you understand all items above!\***