

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY FORM

The following is a waiver of all claims, release from all liability, assur been entered into by me "the Participant" with and for the benefit	•	-	-
l,, of (City)	, (Prov/S	tate)	, (Country)
in my own personal capacity, and/or as owner of any animal(s) and, and equipment owned by Barry and Barbara Stettner, "the Owners' – 19 W 2 nd RM of Sherwood, Saskatchewan; now referred to as "Sta damage of any nature, type or kind to person, invitee, animal, perso	" - 101266501 Sa ables", hereby ass	skatchewan Ltd - Spru umes all of the Risks -	uce Grove Stables located: Northwest 22 – 18 - including, but not limited to; injury or
EVERY PERSON MUST READ AND UNDERSTAND THIS WAIVER B	BEFORE ENTERING	THE STABLES AND/O	OR PARTICIPATING IN EQUINE ACTIVITIES.
I acknowledge that "the Owners" and their family, directors, officer errors, omissions, acts, or failures to act of any party or entity condigroperty and use of the facilities, equipment and property is risky a acknowledge the risks that are not limited to, those caused by terra equipment.	ucting a specific a nd can be danger	ctivity on their behalf ous and may cause de	. I acknowledge that the entering upon the eath, serious injury and property loss. I
Initial Each Item below after Reading and Understanding each item:			
 I am aware that there are inherent dangers, hazards and conditions which are an integral part of being directly and (a) The propensity of an equine to behave in ways that ma with, bite, or kick other animals, people, or objects. 	d/or indirectly inv	olved with Equine Act	tivities, including but not limited to:
(b) The unpredictability of an equine's reaction to such this	ngs a sounds, sud	den movement, tremo	ors, vibrations, unfamiliar objects, persons or
other animals and hazards, such as subsurface objects. (c) The potential for other participants to behave in a negling to act within their abilities to maintain control over an order.	-	t may contribute to in	ijury to themselves or others, including failing
I freely accept and fully assume all responsibility for all "R from my participation in "Equine Activities".		ties of personal injury	y, death, property damage or loss resulting
3. I agree that although the "the Owners" have taken steps to possible for "the Owners" to make the "Equine Activities" if "the Owners" are found to be negligent or in breach of a standard to consideration given to "the Owners" for my administrators and assigns (collectively my "Legal Represe (a) To waive all claims that I have or may have in the future (b) To release and forever discharge "the Owners" from all	completely safe. any duty of care of participation in " entatives") agree: e against "the Ow	I accept these "Risks or any obligation to mo Equine Activities", I, a ners",	" and agree to the terms of this waiver even e in my participation in "Equine Activities". and my heirs, next of kin, executors,
participation in the equine activity due to any cause, in prudent and careful person would use under similar cir error in judgement of "the Owners"; and (c) To be liable for and to hold harmless and indemnify "th	cluding but not lir cumstances), bre	mited to negligence (fact of any duty impos	ailure to use such care as a reasonably sed by law, breach of contract or mistake or
court costs and costs on a solicitor and own client basis with my participation in "Equine Activities".			
5. I agree that this waiver and all terms contained herein are Canada in which the "Equine Activities" are provided by "of that Province or Territory of Canada and I agree that no Any litigation to enforce this waiver will be instituted in the "the Owners".	the Owners". I he o other court can	ereby irrevocably subrexercise jurisdiction o	mit to the exclusive jurisdiction of the courts over the terms and claims referred to herein.
6. I confirm that I have had sufficient time to read and under entire agreement between myself and "the Owners", and			
PLEASE PRINT CLEARLY			
*First Name		*Last Name	
*Date of Birth (MM/DD/YEAR)	*Cell:		
*Address			
*City *Prov/State			_*PC/ Zip Code
	Signed this	day of	, 20
Signature			to be renewed January 1, 2022)
Witness (Print Name)	Signed this	day of	. 20

Signature