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 | | | |
|---|--|--|--|
| agreemen | 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: British Columbia Equestrian Eventing Association, Johvale Stables and Heather Blomgren, 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, competitions, tournaments organized and /or | | |
| 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, competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant. | | | |
| Initial Ea | nch Item below after Reading and Understanding | g each item: | |
| 1. | and injuries resulting from these "Risks" are a common mean those dangerous conditions which are an integral (a) the propensity of any equine to behave in ways them and to potentially collide with, bite or kick other them and to potentially collide with, bite or kick other them and to potentially collide with, bite or kick other unfamiliar objects, persons or other animals and has (c) the potential for other participants to behave in an others, including failing to act within their abilities to | hat may result in injury, harm or death to persons on or aroun er animals, people or objects; uch things as sounds, sudden movement, tremors, vibration azards such as subsurface objects; negligent manner that may contribute to injury to themselves or | |
| 2. | | l "Risks" and possibilities of any and all personal injury, sickness r loss resulting from my participation in "Equine Activities". | |
| 3. | it is not possible for the "Host" to make the "Equine Act | uce the "Risks" and increase the safety of the "Equine Activities ctivities" completely safe. I accept these "Risks" and agree to the egligent or in breach of any duty of care or any obligation to me in | |
| 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. | | | |
| 6. | the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". | | |
| 7. | I confirm that I have reached the age of majority in the p | province in which I am participating in "Equine Activities". | |
| Participan | t Name_ | Date of Birth Tel # | |
| • | | | |
| | | Signed this day of , 20 | |
| (Signature of Participant) Heather Blomgren | | | |
| (Print Name of "Host" Witness to Signing and Initialing) | | | |
| | (Signature of "Host" Witness) | Signed this 10 day of March , 20 25 | |