



SaltSpring Therapeutic Riding Association (SSTRA)
the "Organization"

Facility Use Waiver

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING.

Completed waivers must be returned prior to entry and use of the Organization's facilities. This waiver does not affect accident insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant's Guardian understands and acknowledges, the risks, dangers, and hazards which are inherent on entering all lands, properties, facilities, structures, installations, vehicles or equipment owned, leased, operated or otherwise controlled by the Organization (the "**Premises**"), which risks include, but are not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the Organization's efforts, may be infected with COVID-19 or other communicable illnesses; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; tripping hazards; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; the negligent use of the Premises by others; inadequate safety measures or unsafe Premises; other circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officers, therapists, or volunteers (together, the "**Releasees**"); or negligence or omission of the Releasees (collectively, the "**Risks**").

The Undersigned, being the Participant, is aware that participation in any activity involving animals and/or insects, including but not limited to horses, can present risks, dangers and hazards to the participant. The Undersigned acknowledges that the actions of animals and/or insects, including but not limited to horses, cannot be predicted with complete certainty and that animals and/or insects can act in a manner that could cause injury or death to those interacting with them. The Undersigned is aware of the risks dangers and hazards associated with any program of self awareness which involves the use of animals and/or insects, including but not limited to horses, and the Undersigned freely accepts and fully assumes all such risks, dangers, hazards and the possibility of personal injury or death resulting there from.

In consideration for allowing the Participant to use the Premises, the Participant and/or the Participant's Guardian: (a) release, discharge and forever hold harmless the Releasees from any and all liability for damages or loss arising as a result of the Risks arising from entry into or use of the Premises; (b) waive any right to sue the Releasees in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, damages or losses of any kind that may arise as a result of the Risks or in connection with entry into or use of the Premises, including without limitation the right to make a third party claim or claim over against the Releasees arising from the same; and (c) freely assumes all risks associated with the Risks or anything incidental to the Risks, which may arise as a result of or in connection with use of the Premises. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION AND RELEASEES.**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of this agency, I authorize SSTRRA to secure and retain medical treatment and transportation if needed, and/or to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician or emergency medical personnel.

Please fill in the following emergency information:

Physician/Medical Professional: _____

Phone: _____

Personal Health Number: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

I acknowledge that I wish to participate in the equine program stated above offered through SSTRRA and that my participation is voluntary and of my own desire. I certify that the above facts of personal information are true and that I have read and understand the release.

I acknowledge photographs taken by SSTRRA may be used for marketing material, unless otherwise indicated here. No Photo _____ (*initial*).

IF PARTICIPANT IS UNDER 18 YEARS OLD OR UNDER THE CARE OF A GUARDIAN DUE TO A MENTAL OR INTELLECTUAL DISABILITY:

As the undersigned parents and natural guardians and/or legal guardian of the participant, I attest and verify that the Participant has my full consent to participate in this activity. I warrant that I am the parent/natural guardian or the duly appointed Legal guardian and I have read and understand this Waiver, Release, Covenant Not to Sue and Hold Harmless Agreement.

I acknowledge the terms and conditions of this Agreement and agree to be legally bound by all the terms and conditions set forth above.

THE CONTENTS AND MEANING OF THIS AGREEMENT ARE CLEARLY UNDERSTOOD BY ME

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Name: _____
the "**Participant**"

Date of Birth: _____
(mm/dd/yyyy)

Print Name: _____
the "**Guardian**" (if Participant is a minor)

Signature: _____
Participant or Guardian for minor

Date: _____
(mm/dd/yyyy)