

**WAIVER FOR ADULT PARTICIPANTS
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

I UNDERSTAND AND AGREE that there is potential risk for injury involved in the training and participation of any physical activity. I further understand and agree that participating in horseback riding is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most participants will encounter this sort of minor injury from time to time. Serious injuries are possible, including sprains, strains, twists, cramps, and injuries of similar magnitude. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though most participants do not encounter such serious injuries. There remains, despite safety precautions, the remote possibility of crippling or death. **I FREELY ACCEPT AND FULLY ACKNOWLEDGE** all such risks, dangers and hazards, resulting from my participation in any event hosted or sponsored by The Essa & District Agricultural Society (EDAS).

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

It is my right and responsibility as a participant to immediately remove myself from participation in the program and notify the nearest official, if at any time I sense any unusual hazard or unsafe condition or if I feel that I am physically, emotionally, or mentally unfit for continued participation in the program.

I assume responsibility for my own safety, and I understand and accept the risks involved with my participation.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIM that I have or may have in future have against the EDAS, it's coaches, officials, members, agents, directors, officers, employees, representatives, and other participants (all of whom are hereinafter collectively referred to as "Releases".

I HAVE READ, understood and agree with the statements in the **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** portion of this document, and by assuming and acknowledging this risk, I completely absolve all **RELEASES** from any and all liability for loss, damage, injury or expense that I may suffer, that a third party may suffer, or that my next of kin may suffer as a result of my participation in any of the activities and/or programs offered by the Releases, **DUE TO ANY CAUSE WHATSOEVER**. I acknowledge my responsibility to ensure adequate medical coverage, dental and accident insurance coverage, as well as protection of my personal possessions.

IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by the Releases other than what is set forth in this agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATOR OR ASSIGNS MAY HAVE AGAINST THE RELEASE.

SIGNED THIS _____ DAY OF _____, 20_____.

Signature of Participant

Printed Name of Participant

Witness to Signatures

Printed Name of Witness