ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Each participant or Parent/Guardian of a minor participant Must Read and Understand this Waiver

Before Participating in Equine Activities

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: <u>Horse Trials PEI</u>, 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 operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazar Activities" and injuries resulting from these "Risks" ar			
"Equine Activities" mean those dangerous conditions not limited to:			
a) the propensity of any equine to behave in ways			sons on or
around them and to potentially collide with, bite or l			
b) the unpredictability of an equine's reaction to su			nors, vibrations,
unfamiliar objects, persons or other animals and ha			
c) the potential for other participants to behave in a			iry to themselves
or others, including failing to act within their abilities			
d) the potential of natural or man-made hazards be	eing present that can cause	me narm, includir	ig communicable
disease. 2. I freely accept and fully assume all responsibility for	or all "Risks" and possibilities	s of any and all n	ersonal injury
sickness, disease, medical payments, death, property			
Activities".		om my participat	
3. I agree that although the "Host" has taken steps to	o reduce the "Risks" and inc	rease the safety (of the "Equine
Activities", it is not possible for the "Host" to make the			
and agree to the terms of this waiver even if the "Hos			
any obligation to me in my participation in "Equine Activities".			
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. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of			
the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably			
submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other			
court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will			
be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".			
6. I confirm that I have had sufficient time to read an			
agreement represents the entire agreement between	myself and the "Host", and i	it is binding on m	yself and my
"Legal Representatives".			
7. I confirm that I have reached the age of majority in	n the province in which I am	participating in "E	Equine Activities".
Participant Name	Tel #	Birth	ndate mm/dd/yyyy
Address	City	Province	Postal Code
Parent/Guardian's Name	Date of Birth	[Tel #
	Date Signed		

mm/dd/yyyy