



RIDER RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

I acknowledge that equestrian sports are high-risk and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to utilize the facilities including, hacking, cross country schooling, dressage training, show jump schooling or participating in competitions, I hereby assume all risk and I hereby release and absolve the Ontario Eventing Association, their officials and volunteers, and coaches, as well as representatives and independent contractors from all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organizations referred to herein. I acknowledge that I am required to, and will wear the following:

- Proper riding attire, including boots or half chaps
- SEI approved Helmet
- If riding cross-country, an ASTM SEI approved body protector; with or without an air-vest.

COVID-19

I understand the risks of coming into contact with other people during the COVID-19 global pandemic at the facility. I understand that I could become infected with COVID-19 while at the facility. I agree to waive all liability and to indemnify the facility for damages that may be incurred by the facility as a result of any mis-statement in this self-declaration.

To my knowledge I and no member of my household has had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15 days.

Neither I nor anyone in my household has experienced any COVID-19 symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing, aches and pains, fatigue, headache, loss of taste or smell, diarrhea, vomiting, conjunctivitis, rash or discoloration of fingers or toes.

*If you plan to attend the clinic or schooling day **in any capacity**, your signature and contact information must be on this document to indicate you have read and understood these protocols.*

Only those who have completed and signed this document will be allowed to enter the venue.

I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Please sign as appropriate:

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| Participant Name: _____ Signature: _____ Phone No. _____ |
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| Parent/Guardian (if Participant is not Age of Majority) Name: _____ Signature: _____ Phone No. _____ |
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| Driver Name: _____ Signature: _____ Phone No. _____ |
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| Groom Name: _____ Signature: _____ Phone No. _____ |
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DATE SIGNED: _____