

**Hooves for Hospice October 26, 2024**  
**Release and Acceptance of Risk Form**

**This document will affect your legal rights and liabilities.**  
**Please read it carefully.**

I am completing and signing this Release and Acceptance of Risk Form in exchange for being permitted to participate in horseback riding and other activities organized by or on behalf of Hooves for Hospice.

**Acknowledgement of Risk:** I acknowledge that horses and activities involving horses involve a high risk of injury or death, and that the sport of riding horses is a **high risk** sport and that I am participating at my own risk and in full knowledge that there are that there are significant risks involved in working with and around horses, including but not limited to the risks posed by my horse, other horses, other riders, my own abilities, vehicles, other animals and the terrain being ridden. I further acknowledge that there is a **risk that an accident could occur and result in serious injury or death to me, other people, or my mount, or in serious damage to property.** I acknowledge that I am responsible for my own safety during my participation in Hooves for Hospice, and that no one else who is participating in this activity has a responsibility to protect me.

**Release and Acceptance of Risk:** In consideration of being allowed to participate, I hereby assume all risk and, for myself, my heirs, guardians, and legal representatives, **I grant a full and final release to, and agree not to make or bring any claim of any kind against,** Hooves for Hospice, its organizers, its volunteers, sponsors, Hospice Wellington, guests, any land owners, land holders or other persons making property available to Hooves for Hospice, and all of their successors and assigns, for any injury, including death, to me or any damage to my property, or to the property of others in my care, custody or control, **whether from anyone's negligence or not,** or any other cause arising out of my participation in these dangerous horseback riding or related activities scheduled now or into the future.

I confirm that this Release is intended in part for the benefit of the third parties listed above, who, despite not being signatories to this Release, are entitled to rely upon and enforce this Release as though they were contractual parties to it.

This Release applies only to my participation in activities on or about the day of the event presented by Hooves for Hospice in 2024.

SIGNATURE (select one):

\_\_\_\_\_ I hereby declare that I am of legal age and have read and fully understand and agree to the terms and conditions stated herein and this it is binding upon my heirs, executors and assigns.

\_\_\_\_\_ I am under the age of 18 years. My parent or guardian has also signed where indicated below (next page).

**Participant's name:** \_\_\_\_\_ **Age (if under 18):** \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **OEF#:** \_\_\_\_\_ or Other Insurance: \_\_\_\_\_

Continue and complete this document on reverse....

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(continued)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Stable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** (where applicable):

I am the parent or guardian of the participant, who is under the age of 18 years. I have read and fully understand and agree to the terms and conditions stated above, as they relate to the participant, and I agree on behalf of the participant that the terms and conditions are binding upon the participant and the participant's heirs, executors and assigns. My signature below signifies my intention to grant the Release described above on behalf of the participant, and I acknowledge the risks to the participant described above.

**Parent/guardian name:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_