



Elizabeth Margaret Godson
Operating As
Myrddin Equestrian Centre

5064 Trafalgar Road
Georgetown, ON L7G 4S4
905-703-6698
www.myrddin.info

Liability Waiver

Name: _____ Phone - Home: _____
Address _____ Cell: _____
City: _____ Postal Code _____ Email _____

Personal Information: List any Health problems that may affect your riding.

Birth Date: _____ OHIP #: _____

Personal to Notify in Case of Emergency:

Name: _____ Relationship _____
Phone: _____

I wish to register for horseback riding instruction as indicated below

Group: _____ Semi-Private: _____ Private: _____ Special: _____

Use of own horse: _____ Use of Myrddin horse: _____

I am available to begin classes on _____ and would like _____ lessons per week.

I would prefer lessons weekdays _____ weekday evenings _____ Saturday _____

My previous riding experience: (list duration and time, type of riding instruction received)

I heard about Myrddin through (please indicate)

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I request permission to participate in horseback riding and other equestrian related activities organized and operated by Elizabeth Margaret Godson operating as Myrddin Equestrian Centre.

I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I accept and assume all risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against Elizabeth Margaret Godson operating as Myrddin Equestrian Centre, or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property arising out of my participation in these dangerous horseback riding or related activities.

Print Name: _____ Dated: _____

Signature: _____ Elizabeth Margaret Godson: _____
operating as Myrddin Equestrian Centre.

ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY!

TO: _____
(Referred to in this agreement as the "Provider")

AND TO: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL,
REGIONAL AND MUNICIPAL)

On my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following:

ASSUMPTION OF RISKS

I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behavior at any time and may, without warning, jump, run wildly, buck, kick, bite, or step on people or things;
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden or driven, or attended to;
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or drivers my or my child's own failure to ride safely, within my or my child's ability or within designated areas and trails;
4. Equipment may fail;
5. Weather conditions can change and can sometimes be dangerous;
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks;
7. The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
8. Negligence on the part of A PROPERTY OWNER AND/OR THE PROVIDER OR THEIR STAFF. I am also aware that the risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting there from.

INITIALS

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Provider providing me or my child with their horse or sleigh riding or carriage driving and other services and permitting my or my child's user of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively referred to as "the Services"), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as "THE RELEASEES") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child's, next of kin may suffer as a result of my or my child's use of the services or due to any cause whatsoever. INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF

ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of or personal injury to any third party resulting from my or my child's use of the services;
3. This Agreement shall be effective and binding upon my or my child's heirs, next of kin, executors, administrators, assigns and representatives in the event of my or my child's death or incapacity;
4. This agreement shall be governed by and interpreted in accordance with the laws of the province of _____; and
5. Any litigation involving the parties this Agreement shall be brought within the Province of _____.

INITIALS

PROTECTIVE HEAD GEAR & RIDING BOOTS

1. Proper riding footwear is required by all persons, regardless of age, participating in any horse related activities.
2. ALL MINORS (Horse back riders under _____ years of age) are required to wear protective head gear in the form of a high impact helmet and proper footwear.
3. IT IS HIGHLY RECOMMENDED THAT ALL HORSE BACK RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET.
4. I (we) decline to wear a helmet(s). INITIALS
5. I (we) decline to wear riding boots. INITIALS

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Release's other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20 _____.

Name	Date of Birth	Signature of Customer (a parent or guardian must sign for children under the age of _____)	Date	Witness
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Name	Date of Birth	Signature of Customer (a parent or guardian must sign for children under the age of _____)	Date	Witness
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN