

Equine Mounted Games Canada A Member of International Mounted Games Association (IMGA) Ontario Region

WAIVER AND ACCEPTANCE OF RISK FORM (RELEASE FORM)

Please read carefully. The following will affect your rights and liabilities.

I request permission to participate in horseback riding, competitions, clinics and/or any other equestrian related activities organized and operated by EQUINE MOUNTED GAMES CANADA INC., including but not limited to as a rider, volunteer and/ or spectator. I fully understand that horseback riding, handling, and grooming of horses and other equestrian activities are very dangerous. I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death), loss or damage 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 claim of any kind against (i) EQUINE MOUNTED GAMES CANADA INC.; and/or (ii) third party organizers or hosts, or each of their respective officials, servants, employees, volunteers, representatives, officers, and directors for any injury (including death), loss or damage to me or my property or to my heirs, guardians and legal representatives, arising out of my participation in these dangerous riding or related activities. April 28, 2024 July 6, 2024 August 24, 2024 September 21, 2024 May 4, 2024 August 3, 2024 August 25, 2024 September 22, 2024 August 31, 2024 September 28, 2024 June 15, 2024 August 4, 2024 June 29, 2024 August 17, 2024 September 14, 2024 October 12, 2024 **Print Name of Rider:** Signature of Parent or Legal Guardian Date: (if Rider is under the age of 18 years old): **Signature of Rider** (if 18 years and older): Date: