



# WAIVER AND RELEASE OF LIABILITY

2022

Participant Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Equestrian Activities

### WAIVER AND RELEASE OF LIABILITY (Attaching to and forming part of policy #EA00195 and #ND01000190-006)

In consideration of being allowed to participate in any way in the West Niagara Saddle Club equestrian program, related events, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS WEST NIAGARA SADDLE CLUB, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if application, owners, and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Emergency Phone Number

### **FOR PARTICIPANTS OF MINORITY AGE**

(Under the age of 18 at time of registration)

*This certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from all liability to my minor child's involvement or participation in these programs as provided above.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Emergency Phone Number (if alternate to above)



# MEMBERSHIP FORM

2022

**2022 Membership: \$25 per person per season OR \$60 per family per season (for up to 4 family members)**  
(Please Print)

## Applicant Information

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apt/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Email Consent Declaration

As a valued member of the West Niagara Saddle Club, we request your consent to allow us to send you information and announcements. Your consent is required to comply with Anti-Spam Legislation (CASL). If you consent to receive emails from our organization, please select YES. You may change your mind and unsubscribe at any time.

YES \_\_\_\_\_ No \_\_\_\_\_

## Emergency Contact Information

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Family Membership-List Additional Members

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

Participant Name: \_\_\_\_\_ Competitor No.: \_\_\_\_\_  
*Last First MI*

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of the knowledge. I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_