



Equestrian Activities Waiver and Release of Liability

In consideration of being allowed to participate in any way in Hidden Brook Farm Equestrian programs, related events and activities, 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 this 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 other, 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 any 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

By signing below, the Participant (named below) and/or the Participant's Guardian represents that the Participant and the participant's guardian will NOT attend regularly scheduled Hidden Brook Farm Equestrian programs, related events and activities if:

1. You have travelled internationally during the last 14 days;
2. You have visited a COVID-19 high risk area, region or location in Canada during the last 14 days;
3. You knowingly have COVID-19 or have been tested for COVID-19;
4. Have not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
5. Follow government recommended guidelines in respect of COVID-19, including proof of double vaccination, physical distancing, wearing a mask during lessons when cases warrant.

In addition, by signing below the Participant and/or the Participant's Guardian understands, acknowledges and assumes the inherent risks in participating in Hidden Brook Farm Equestrian programs, related events and activities, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect venue or field conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the "**Organization**"); negligence or omission of the Organization (collectively, the "**Risks**").

Initials _____

Statement: I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Pamela Allen-LeBlanc, Pierre LeBlanc, the LeBlanc family, Bertina Donahue, Hidden Brook Solutions, Hidden Brook Farm, Reiki from the Farm, their officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, 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 RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

Date Signed: _____

X _____
WITNESS

For participants of minority age

This is to certify 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 any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE on behalf of minor

X _____
WITNESS

For participating parents of minority age

This is to certify 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 any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ Date Signed: _____
First PARENT/GUARDIAN'S SIGNATURE on behalf of themselves

X _____ Date Signed: _____
Second PARENT/GUARDIAN'S SIGNATURE on behalf of themselves

X _____
WITNESS

Contact Information:

Name of student: _____ Age: _____ Experience: _____

Parent/Guardian names: _____

Cell Phone #: _____ Email: _____

Emergency contact: _____ Emergency contact phone #: _____

Allergies/Health issues: