

ECHO SPRINGS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name: _____
Address: _____
Telephone: _____
Email: _____

I hereby enter into this agreement in consideration of my ability and permission to ride OR use any Horse on the property known as 13754 County Road 29, Warkworth ON, K0K3K0 whether said Horse is Owned by Echo Springs or is Owned by others who may or may not have permissions for said Horse to be present at the property.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT ECHO SPRINGS, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR ECHO SPRINGS.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself/my child that I have familiarized myself with the activities that I/my child will be allowed to participate in, and that I do hereby acknowledge and agree that I/my child will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

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I hereby specifically forever waive and release the property Owners, Echo Springs, its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of the property Owners, Echo Springs, its principals and agents.

By signing this agreement I hereby acknowledge that although there may be supervision during my/my child's time spent at Echo Springs, there will not be a nurse on the premises and Echo Springs, the property Owners, and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless the property Owners, Echo Springs, and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my/my child's presence or participation at Echo Springs or any acts or omissions of the property Owners, Echo Springs, its principals or agents.

By signing this Agreement, and by initialing each page of this Agreement, I hereby acknowledge my complete understanding, agreement and consent to my/my child's presence and/or participation in the activities at Echo Springs, without restriction, without liability to the property Owners, Echo Springs, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I/my child is present at and/or participate in the activities of Echo Springs I/my child do so at my/my child's own risk, and I hereby acknowledge and agree that the property Owners, Echo Springs, and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my/my child's presence or participation at the property known as 13754 County Road 29, Warkworth, ON, K0K3K0.

Name: _____

Date: _____

Participant's/Legal Guardian's Signature: _____