## Partridge Horse Hill





Participant's	Name:	Date of Birth:				
Address:						
City:	Province:		Postal Code:		-	
Fv	ery Guardian/ Parent mus	st Road and l	Understand th	nis form		
	•					
	Forkun Equestrian (LFE) and Partri					
volunteers, bi	usiness operators, family, friends, and	site property owne	rs. (all of them collec	ctively called the	HOST)	
Initial ea	ch item below After Readin	o and Under	estanding the i	tem		
	lerstand there are increased DANGER				3)	
	ated with taking horses/ponies for off p			ory carrou respect	• •	
	<b>Exnowledge</b> that the "RISKS" of off pro-			GEROUS conditi	ons	
	are an integral part of Equine Activitie					
	property trail activities mean that rider			people and other	hazards	
	occupy public areas and roads. Off pro					
	sing roads including crossing hwy 35.					
	ds are a large body of water and there i					
The	HOST cannot control the public enviro	onment for weather	r, traffic, or other dis	sturbances so there	e is	
incre	eased risk a horse/pony could startle in	public areas. PHH	does put in place pr	ocedures to help	make	
	e experiences as safe as possible, but the					
	ely Accept and Fully Assume All Res				-	
personal inju	ry, death, property damage or loss resu	llting from Particip	ation in the off prop	erty trail activit	<b>y</b> .	
4. I GIV	VE PERMISSION with my initial for	r my child to partic	cipate in off property	trail activities.		
	EASE NOTE: If PHH deems that it wo				ertv trail	
ride,	, they will arrange an alternate activity nission to participate in the off property	for your child to d				
	dition to consideration given for my		nronerty trail ride	s I and my heirs		
	ors, administrators and assigns (coll				',	
	Waive All Claims that I or my "Lega				and	
	Release the "HOST" from Any and					
	Legal Representatives" might suffer as					
	iding any NEGLIGENCE ON THE I				•	
	LD HARMLESS AND INDEMNIFY			ity for property da	amage or	
	jury to any third party which might res					
<b>.</b>						
_	ing this form I read it (as indicate	• •				
	hat signing this form, waives cert	ain legal rights	l or my "Legal Re	presentatives"	might	
have agains	st the "HOST".					
SIGNED Thi	is	day of		20		
(Sign	nature of Witness)	(Signature of P	arent/Guardian)			
(D. :	AN N					
(Prin	nt Name of Witness to Signing & Initialing)	(Print Name of	Parent/Guardian)			

**Do Not Sign Until You Understand All Items Above**