



ONTARIO TRAIL RIDERS ASSOCIATION
ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY

Please Print Clearly Participant's Name

Member #

Address Street

City

Province

Postal Code

Insurance/OEF #

Expiry Date

Name of Broker

Every person must read and understand this form, in consideration of being accepted as a member of, and before participating in, the Ontario Trail Riders Association (hereby referred to below as O.T.R.A.) activities.

Initial each item below after reading and understanding the item:

- ____ 1. I understand there are inherent DANGER, HAZARDS and RISKS (collectively called RISKS) associated with equine activities and injuries resulting from these "RISKS" are a common occurrence.
- ____ 2. I acknowledge that the inherent "RISKS" of equine activities mean those DANGEROUS conditions which are an integral part of equine activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar object, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 3. I freely accept and fully assume all responsibility for the inherent "RISKS" and the possibility of personal injury, death, property damage or loss resulting from my participation in equine activities.
- ____ 4. I acknowledge that it remains my sole responsibility to act in such a manner as to be responsible for my own safety and to participate within my own limits.
- ____ 5. I acknowledge the "HOSTS", on behalf of O.T.R.A., have the right to refuse to allow my participation in the equine activity if the hosts deem that my actions may be a cause for safety concerns to myself or others involved in the activity.
- ____ 6. In addition to consideration given for my participation in an equine activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree:
- To waive all claims that I might have against the "HOSTS" and O.T.R.A.; and
 - To release the "HOSTS" and O.T.R.A. from any and all liability for any loss, damages, injury, or expense that I or my "Legal Representatives" might suffer as a result of my participation due to any cause whatsoever including any negligence on the part of the "HOST" or O.T.R.A; and
 - To HOLD HARMLESS AND INDEMNIFY THE "HOSTS" OR O.T.R.A from any and all liability for property damage or personal injury to any third party which might result from my participation in equine activities.

Before signing this form, I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form waives certain legal rights I or my "Legal Representatives" might have against the "HOSTS" or O.T.R.A.

Signature of Participant

Date

Witness

If under 18, a parent/guardian must complete this section:

I am the CUSTODIAL Parent and/or Legal Guardian of (name).....whose date of birth is.....and I am executing this form on his/her behalf in my capacity above with the intent that this form be binding on myself and the participant for all legal purposes.

signature of Custodial Parent and/or Legal Guardian