***CLUB NEEDS ONLY ONE WAIVER SIGNED FOR SEASON***

 ***(Please bring this completed form to your first event of the year.***

**ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY!**

 TO: \_NORTH RIVER RIDERS (NRR)\_and Orillia & District Agricultural Society

 (Referred to in this agreement as the "Provider")

 AND TO: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL, REGIONAL AND MUNICIPAL)

 On my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following:

 **ASSUMPTION OF RISKS**

I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behavior at any time and may, without warning, jump, run wildly, buck, kick, bite, or step on people or things;
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden or driven, or attended to;
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or drivers my or my child's own failure to ride safely, within my or my child's ability or within designated areas and trails;
4. Equipment may fail;
5. Weather conditions can change and can sometimes be dangerous;
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks;
7. The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
8. Negligence on the part of A PROPERTY OWNER AND/OR THE PROVIDER OR THEIR STAFF. I am also aware that the risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting there from.



 INITIALS

 **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

 In consideration of the Provider providing me or my child with their horse or sleigh riding or carriage driving and other services and permitting my or my child's user of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively referred to as "the Services"), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as "THE RELEASEES") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child's, next of kin may suffer as a result of my or my child's use of the services or due to any cause whatsoever. INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of or personal injury to any third party resulting from my or my child's use of the services;
3. This Agreement shall be effective and binding upon my or my child's heirs, next of kin, executors, administrators, assigns and representatives in the event of my or my child's death or incapacity;
4. This agreement shall be governed by and interpreted in accordance with the laws of the province of \_\_\_\_\_ONTARIO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
5. Any litigation involving the parties this Agreement shall be brought within the Province

 Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ONTARIO\_\_\_\_.

 INITIALS

 **PROTECTIVE HEAD GEAR & RIDING BOOTS**

1. Proper riding footwear is required by all persons, regardless of age, participating in any horse related activities.
2. ALL MINORS (Horseback riders under \_\_18\_\_\_years of age) & all Novice Riders are required to wear protective head gear in the form of a high impact helmet and proper footwear.
3. IT IS HIGHLY RECOMMENDED THAT ALL HORSE BACK RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET

 In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other that what is set forth in this Agreement.

 I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

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Signed this DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date of Birth(youth) Signature of Customer Date Witness

 (a parent or guardian must sign

 for children under the age of 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES BEGINS.**

**North River Riders Horse Club Membership Application 2024**

***Membership Fees* (circle one)**

Family $30.00 (all members must reside at same address)

Adult $20.00

Youth $10.00

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_\_\_ DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHOW TRAIL DRILL PARADE OTHER

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

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Family Members Name & Division (**A**dult, **N**ovice, **Y**outh, **P**eewee, **L**ead line)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_SHOW TRAIL DRILL PARADE

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_SHOW TRAIL DRILL PARADE

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_SHOW TRAIL DRILL PARADE

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_SHOW TRAIL DRILL PARADE

By submitting membership it is understood that members accept and agree to abide by all North River Rider Horse Club rules and regulations. Copies available at registration booth.

**Insurance Information for Riders:**

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Responsibility Waiver:**

As a condition of entry into, or volunteering at, any of the North River Riders (NRR) Horse Club activities, it must be understood that the participants and volunteers enter entirely at their own risk, and will not hold NRR, its directors or members, volunteer workers or their families responsible for injury, loss or damage occurring during any of the club’s activities. **Initials\_\_\_\_\_\_\_\_\_**

**Photo Release**

I hereby grant North River Riders NRR permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. **Initials\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Our club in maintained by the efforts of its members, The future of the club rest entirely on the voluntarism of its members, Please indicate how you can help. (**Please circle)**

 **Horseshow** - set up patterns, assists with entries, run food booth clean up post show, assist with gate

**Trail Rides** - offer a venue, assist in set up

**Parades** - banner carrier, escort ponies if needed, pooper scooper,

**Clinic & Tack Swaps** - offer venue, offer arena space, assist with set up an organization

**Volunteer** for fundraising events, pancake breakfast, spaghetti dinner dance or bake sale**,** announcing at Events, assist with food booth at Fall Fair **Students welcome to volunteer towards there hours for graduation.**

**WE LOVE TO GIVE HOURS**

Applications can be submitted at shows or events or mailed to NRR c/o Gail Stover 4743 Cedar Point Lane, Ramara, ON L3V 1S0

Email to info@northriverriders@gmail.com ***Please make cheques payable to “North River Riders Horse Club***”

**North River Riders Day Pass Application** **2024 Day Pass $10.00**

**)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB(for youth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHOW TRAIL DRILL PARADE CLINIC EVENT

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

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Clinic & Tack Swaps** - offer venue, offer arena space, assist with set up an organization event

**Students are welcome to volunteer towards their community service hours.**

**Volunteer** for fundraising events, pancake breakfast, spaghetti dinner dance or bake sale**,** announcing at Events, assist with food booth at Fall Fair.