

*Welcome to Little Oasis quine Matters Mounted EAL Programs! We look forward to a wonderful relationship.*

This package is designed to guide you through the registration process. Unfortunately, this process involves a lot of forms. Please understand that this paperwork is necessary for the Little Oasis Equine Matters Mounted EAL Program to be in compliance with insurance requirements. It is also necessary to help the team tailor the lessons to your needs by providing the right combination of horse, equipment, tack, volunteers and lesson content.

Riders cannot participate in any activity at the Little Oasis Equine Matters Mounted EAL Program without the appropriate forms. We ask that you return all forms as soon as possible – and at least one week prior to the start of lessons to allow the Instructor time to review them and set up an individualized riding program.

Prior to the first session the following forms are required to be returned to the Program Director:

**Where applicable and/or required:**

- Intake/Referral for Services
- Consent for release of information
- Photograph/Media Consent Form
- For riders with Down Syndrome - Atlanto-axial X-Ray Verification
- Liability waiver - for parent/guardian/side-walker

**Mandatory forms:**

- Rider Application/Profile Form
- Liability Waiver
- Physician Referral Form

Once registered, the following form will be required to be updated when a rider's condition changes:

- Physician Referral Form

**If the rider's condition/situation changes at any time, please let the Program Director know and have the appropriate information updated, or the required form re-submitted.**

All forms must be properly filled out, signed and returned to Little Oasis Equine Matters before the student may ride.

Prior to a rider's acceptance to the program, there will be an assessment visit with the Instructor and other therapists as required (i.e. Physical Therapist, Occupational Therapist, Counsellor etc.). An orientation visit may be arranged to fit tack, hat and belt; and to familiarize the rider with the program. These 2 visits may be combined and included in the total sessions.

For the safety of the student, volunteers and horses, some applicants may not be accepted into the program.

## Fees & Payment Policies

### Costs:

- One lesson per week, 45 minutes is \$125 plus GST per session
- Must sign up for blocks of 6, 8, 10 weeks
- Funding must be arranged and secured prior to the commencement of sessions.

## Lesson Cancellation Policy

- In the event of cancellation of a lesson by Little Oasis Equine Matters, the lesson will be rescheduled.
- If lessons are proceeding as scheduled and the student does not attend, there will be no make-up lesson.
- If you miss a session without cancelling or cancel with less than 24-hour notice, you will be charged the complete lesson fee. Unless you are unable to attend due to circumstances beyond your control.

## Rider/Caregiver Responsibilities

- It is much appreciated if Little Oasis Equine Matters is notified if a rider will not be attending. The program strives to avoid having volunteers with nothing to do and horses tacked up and ready with no rider.
- A caregiver must remain on-site during the lesson unless arranged with Little Oasis Equine Matters.
- It is the responsibility of the caregiver to have the student appropriately attired for riding and weather conditions. Boots or shoes with heels and long pants are mandatory. Riders will not be able to participate without the appropriate attire. Pant pockets should be empty of items that might poke the rider during the mount and dismount.

Sessions:

**Mounted EAL lessons will be taught by :**

- A Certified EAL facilitator and/or riding instructor
- The length of each lesson is 45 minutes.
- Lessons with more than one rider may go a little longer to include time for the mounting and dismounting of the riders.

The minimum age is 5 years. Sessions will be offered on the basis of disability needs, riding ability, volunteer ability and horse availability.

**Admission & Discharge Policy**

It is the decision of the Program Director/Instructor/Medical Committee to admit or discharge a rider. Riders can be refused entry or discharge from the program for a variety of reasons including but not restricted to exceeding the weight allowed, failure to appear for classes, inappropriate behaviour, or implications that the continuation of mounted EAL and/or therapeutic riding is a contraindication.

While every effort will be made to meet a rider's needs, a rider possessing the ability and desire to advance to a higher level of instruction than the Little Oasis Equine Matters Mounted EAL Program offers, will be discharged and given assistance in locating a program and/or instructor that meets their needs.

**Dress**

**It is mandatory that all riders, volunteers and staff ride with (ASTM-SEI) helmets.**

**It is mandatory that hard sole shoes or boots with heels, or safety stirrups be used by all riders, volunteers and staff while riding. Stirrups and footwear must be approved by the Instructor before mounting.**

**Agreement**

I hereby certify that I have read and agree to the above conditions:

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about the Little Oasis Equine Matters EAL/EAP Program?

\_\_\_\_\_

**Referral Information:**

Reason for referral: \_\_\_\_\_

Referred to facility by: \_\_\_\_\_

I authorize you to contact my referring professional to notify him/her that I have arrived to initial session. Y or N

Release of Information:

Best contact number to reach you at: \_\_\_\_Home) \_\_\_\_ (Cell) \_\_\_\_ (work)

May we leave message on voicemail? \_\_\_\_ (yes) \_\_\_\_ (no)

Do we have your permission to leave a message with anyone who might answer the phone number you have indicated? \_\_\_\_ (yes) \_\_\_\_ (no)

**I give LITTLE OASIS EQUINE MATTERS PROGRAM DIRECTOR permission to discuss my care or release Private Health Information (PHI) to the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

What medications are you currently taking, including over-the-counter medications?

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**Describe your abilities/difficulties in the following areas (include whether assistance is required or if equipment is needed):**

Function (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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Social (i.e. work/school including grade completed, leisure interests, relationships, family structure support systems, companion animals, fears/concerns etc.)

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Goals (i.e. why are you applying for participation? What would you like to accomplish?)

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Are there any other therapists that are involved with the rider's care that should be part of the Mounted EAL team? (i.e. physical therapist, occupational therapist, counselor, chiropractor etc.)

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Is there any other information that you feel Little Oasis Equine Matters should know?

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Signature of Rider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## CONSENT FOR SHARING RIDER REPORTS

I, \_\_\_\_\_, hereby authorize Little Oasis Equine Matters to share rider reports for \_\_\_\_\_ who is a participant in the Therapeutic Riding Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**Please provide the name and phone number of the parties with whom we may share rider reports:**

Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

## NON CONSENT FOR SHARING RIDER REPORTS

I, \_\_\_\_\_, DO NOT authorize Little Oasis Equine Matters to share rider reports for \_\_\_\_\_ who is a participant in the mounted EAL Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

***We comply with BC's privacy legislation. Association policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).***

## RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to Little Oasis Farms to use the image of my child \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Little Oasis Equine Matters [website](#).

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways  
(check all that apply):

Limited usage: I want my child's image used within the Little Oasis Equine Matters setting only (not in the larger community).

Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Little Oasis Equine Matters or in the larger community. One example of this could be videos in parent education classes.

Limited usage: I want my child's image used on printed materials only (no digital or video use).

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Little Oasis Equine Matters for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that there are no current medical concerns to preclude \_\_\_\_\_ from participating in the Little Oasis Equine Matters mounted EAL and/or Therapeutic Riding Program. These are clearly identified on pages 10 and 11 of this document.

**All rider candidates who have Down Syndrome should have a detailed neurological examination before being accepted for riding.**

The American Academy of Paediatrics and the Committee on Sports Medicine recommends the following:

1. When an individual is shown, upon x-ray examination, to have a distance exceeding 4.5 mm between the odontoid process of the second cervical vertebra (C2) and the arch of the first cervical vertebra (C1), he or she should restrict sport activities and undergo regular clinical evaluations to monitor the instability.
2. It is not mandatory to regularly examine individuals who have previously been shown, on x-ray examination, to have a normal atlanto-axial joint.
3. People with Down Syndrome who have no evidence of atlanto-axial instability may participate in all sports. Medical follow-up is not required unless an individual experiences musculo-skeletal or neurological signs or symptoms of atlanto-axial instability.

Rider: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Next of Kin/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of X-Ray: \_\_\_\_\_ Result: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name: \_\_\_\_\_

(Please print clearly)

Physician's address: \_\_\_\_\_

(Please print clearly)

Phone: \_\_\_\_\_ email: \_\_\_\_\_ fax: \_\_\_\_\_

**NOTE: Due to the nature of this activity, persons diagnosed with Down Syndrome cannot be accepted for riding of any kind without proof of a negative diagnostic X-ray for atlanto-axial instability.**



## EXTENDED PHYSICIAN'S REFERRAL

### NOTE:

- A list of **CONTRAINDICATIONS** and **PRECAUTIONS** to mounted activities and/or therapeutic riding is enclosed for your information.
- A change in medical condition requires a physician referral update.

To: Little Oasis Equine Matters

Re: \_\_\_\_\_

The last medical referral submitted on \_\_\_\_\_ is still valid.

There have been no significant changes to the condition of the client other than as noted below:

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### REASSESSMENT

When do you recommend this patient be reassessed? \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## CONTRAINDICATIONS TO MOUNTED ACTIVITIES AND/OR THERAPEUTIC RIDING

### **(Please forward with Physician's Referral)**

If a person has any of the following medical conditions, riding is very unlikely to be a beneficial activity for him or her, and is even likely to be harmful. Before an individual is accepted into the mounted EAL program, the physician and program therapist should be consulted concerning the suitability of riding for that person. The program reserves the right to determine the candidate's suitability for inclusion in the program.

- Moderate to severe agitation (confusion, excitement) and/or very disruptive behaviour
- Spinal instability, including subluxation (partial dislocation) of cervical (neck) vertebrae
- Severe osteoporosis, involves brittleness of the bones and hence the possibility of fractures
- Seizures which are not controlled by medication
- Pathological fractures arising from a condition such as osteogenesis imperfecta (brittle bones)
- Acute stages of arthritis
- Periods of exacerbation of multiple sclerosis
- Open pressure sores or wounds
- The individual is taking medication in type or dosage that induces a mental or physical state that makes riding risky and/or inappropriate
- Hemophilia, a congenital condition of the blood characterized by hemorrhages (bleeding).
- The individual is taking anticoagulant medications (blood thinners)
- Atlanto-axial instability
- Spondylothesis (subluxation of the lower lumbar vertebra on the sacrum)
- Coxarthrosis (degeneration of the hip joint) – riding causes too much stress on that joint
- Detached retina
- Acute herniated intervertebral disk, which may press on spinal nerve roots
- Complete quadriplegia occurring as a result of a spinal cord injury
- Structural scoliosis greater than 30 degrees, excessive kyphosis (rearward increase of the curvature of the thoracic spine) or lordosis (increased forward curvature in the lumbar spine), or hemivertebra (a congenital defect in which one side of a vertebra is incomplete)

- Dislocation, subluxation or dysplasia (abnormal development) of the hip(s) with significant restriction or asymmetry
- Any condition that the instructor, therapist, physician or program does not feel comfortable treating
- After a rhizotomy, a rider should wait at least 6 months before participating in a riding program

## PRECAUTIONS AND POSSIBLE CONTRAINDICATIONS TO THERAPEUTIC RIDING

***(Please forward with Physician's Referral)***

If a person has any of the following conditions, riding may not be beneficial, and in some instances, may even be harmful. Before an individual is accepted into any mounted program, the physician and program therapist should be consulted concerning the suitability of riding for that person. The program reserves the right to determine the candidate's suitability for inclusion in the program.

- Prolonged use of Dialantin
- Incontinence
- Hydrocephalus - presence of shunt(s)
- Sensory deficits – unable to feel certain parts of the body
- Heterotopic ossification
- Significant allergies to horse hair, dust, hay etc.
- Recent surgery (Riders must have written consent from physician before returning to program)
- Serious cardiac condition
- Craniotomy (any surgical procedure on the skull)
- Diabetes
- Peripheral vascular disease, resulting in poor circulation in the extremities
- Obesity (See Horse Load Guidelines)
- Extreme fatigue
- Arnold Chiari malformation, a congenital defect in which the cerebellum and medulla oblongata protrude through the skull, down into the spinal canal and which is most often associated with other disabilities such as spina bifida
- Any spinal fusion, whether natural or due to surgical intervention (e.g. Harrington rod)
- History of skin breakdown and/or skin grafts over areas of the body that bear weight in riding (seat and legs)
- Tethered cord
- History of substance abuse which has resulted in fragile blood vessels
- Rhizotomy (a surgical procedure in which the roots of the spinal nerves along the spinal canal are cut)

PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST STATEMENT (OPTIONAL)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Living at Home: \_\_\_\_\_ Other: \_\_\_\_\_

Next of Kin/Legal Guardian: \_\_\_\_\_

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

MEDICAL

Primary Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Insulin: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Frequency/type of seizures: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

For: \_\_\_\_\_

SURGERY

DATES: \_\_\_\_\_

Ambulatory: YES NO Assistive Devices: \_\_\_\_\_

## PHYSICAL

Muscle Tone (spasticity, flaccidity, etc.)

Tone in upper extremities: \_\_\_\_\_

Tone in lower extremities: \_\_\_\_\_

Tone in trunk: \_\_\_\_\_

Balance: Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking: \_\_\_\_\_

Scoliosis: Type: \_\_\_\_\_ Degree: \_\_\_\_\_

Brace: \_\_\_\_\_ Last X-Ray: \_\_\_\_\_

Kyphosis/Lordosis:

Type: \_\_\_\_\_ Degree: \_\_\_\_\_

Osteoporosis: \_\_\_\_\_ Arthritis: \_\_\_\_\_

## SENSORY

Language: English: \_\_\_\_\_ Sign: \_\_\_\_\_ Other: \_\_\_\_\_

Comprehension: Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

Sensory Function: Sight: \_\_\_\_\_ Hearing: \_\_\_\_\_

Tactile: \_\_\_\_\_ Contenance: \_\_\_\_\_

Allergies/Severity: \_\_\_\_\_

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

## PHYSIOTHERAPY/OCCUPATIONAL THERAPY

Is the patient attending outpatient services? YES NO

If so, where/who: \_\_\_\_\_

## REASSESSMENT

When do you recommend this patient be reassessed? \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: \_\_\_\_\_

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

- \_\_\_\_ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may 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;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- \_\_\_\_ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- \_\_\_\_ 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- \_\_\_\_ 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
  - (a) to waive all claims that I have or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- \_\_\_\_ 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- \_\_\_\_ 7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

### Please Print Clearly

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of "Host" Witness) Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: \_\_\_\_\_

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

**Initial Each Item below after Reading and Understanding each item:**

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may 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;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
  - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

### Please Print Clearly

Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian of Infant Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing) \_\_\_\_\_ (Signature of "Host" Witness)