



Todd Hill Farm Association
 6570 Highway 2, Oakfield NS B2T 1C3
 Office: 902-883-9577 Email: info@toddhillfarm.com
 Website: toddhillfarm.com

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants **18 Years or Older**”

Participant’s Name _____ Date of Birth: _____

Participant’s Address: _____ City: _____ Prov: _____ Postal: _____ Phone: _____

Every Person must Read and Understand this form before Participating in Equine Activities *Initial by all lines

TO: **TODD HILL FARM** their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)
Initial each item below After Reading and Understanding the item

____ **1. I Understand** there are Inherent **DANGERS, 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 objects, 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. In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”)** agree

- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
- **To Release the “HOST” 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”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** 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 further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

____ **IN CONSIDERATION** of my free choice to participate in activities at Todd Hill Farm, I **FURTHER GIVE MY PERMISSION** for Todd Hill Farm and its representatives to take and use photographs that may include myself or members of my family who are present at their discretion, inasmuch as the reproductions are in good taste and respectfully displayed.

SIGNED This ____ day of _____ 20 ____ at (location) _____

 (Signature of HOST Witness to signing & Initialing)

 (Signature of Guardian)