

Gray Star Riding Registration Form:
WESTERN RIDING & HORSEMANSHIP
 (under 19 years of age)

www.graystarriding.com

CLIENT	NAME	Date of birth		
	Age	Height	Weight	
	ADDRESS: Street		City	
	Province	Postal Code	email:	
	PHONE: Home		Work	Cell
	Any allergies, medical issues, medications?			
PARENTS OR GUARDIAN	Name			
	ADDRESS: Street		City	
	Province	Postal Code		
	PHONE: Home		Work	Cell
	email:			
EMERGENCY CONTACTS	Name:	Phone:		
	Name:	Phone:		

A. PHOTO RELEASE:

I hereby consent to and authorize the use and reproduction by Gray Star Riding of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____
 (client's parent or guardian)

B. ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants **under the age of majority** ("Infant Participant") in the Province or Territory of Canada in which the Equine Activities are provided by Gray Star Riding.

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 Gray Star Riding, its owners, trainers, employees, volunteers, business operators, agents and site property owners ("Gray Star"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to riding instruction, trail rides, camps or pack trips provided by Gray Star 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 this 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 Gray Star has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for Gray Star to make the "Equine Activities" completely safe. I accept these "Risks" and agree to terms of this waiver on behalf of the Infant Participant, even if Gray Star 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 Gray Star 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 Gray Star;
 - (b) to release and forever discharge Gray Star 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 judgement of Gray Star; and
 - (c) to be liable for and to hold harmless and indemnify Gray Star from all actions, proceedings, claims, damages, cost 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 Gray Star. 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 Gray Star.
- _____ 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 Gray Star, 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 _____ PstlCode _____

Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ PstlCode _____

(Signature of Parent/Guardian of Infant Participant) Signed this _____ day of _____ 20 ____

(Print Name of Gray Star Riding Witness to Signing & Initialling)

(Signature of Gray Star Riding Witness)