



Horses Changing Live Photo/Video/Image Release & Medical Information

I hereby grant Horses Changing Lives, Silverado Horse Center & Spirit Winds Stepping Stones and their affiliates permission to use my likeness in a photograph or other digital reproduction in any of its publications, including website entries and social media without payment or any other consideration.

I understand and agree that these materials will become the property of Horses Changing Lives and affiliates and will not be returned. I hereby irrevocably authorize Horses Changing Lives and affiliates to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Horses Changing Lives and affiliates from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Participant Name: _____ Age: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Do you have any allergies or medical conditions we need to be aware of? YES NO

If Yes, please list and describe: _____

Do you carry an Epi Pen or other life saving medications? YES NO

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: **Horses Changing Lives, Derek Donald & Spirit Winds Stepping Stones Foundation**, 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

Print - Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____
DAY / MONTH / YEAR

Print - Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____
DAY / MONTH / YEAR

Phone # (_____) _____ Email: _____

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

(Print Name of Witness to Signing and Initialing) _____ (Signature of Witness)

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: **Lazy Moose Junction, Ltd., DBA Silverado Horse Center**, 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

Print - Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____
DAY / MONTH / YEAR

Print - Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____
DAY / MONTH / YEAR

Phone # (_____) _____ Email: _____

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

(Print Name of Witness to Signing and Initialing) _____ (Signature of Witness)

**2018 Schedule "C" Hold Harmless Waiver (Release and Indemnity Agreement)
Lazy Moose Junction Ltd. Boarding Stable and Arena**

Participant Name in a Horses Changing Lives Program: _____

READ CAREFULLY BEFORE SIGNING

I, the undersigned participant intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in equestrian activities (included but not limited to boarding, general riding, lessons, training and competition) including possible permanent disability or death and agree to assume all of those risks. I hereby waive any and all rights to claim for loss or damage arising out of my participation in the equestrian activities at Lazy Moose Junction Ltd. Boarding Stables and Arena or any activities incidental thereto against the said Jason and Melonie Myszczyzyn the owners of Lazy Moose Junction Ltd. and Lazy Moose Junction Farm and any individuals working at Lazy Moose Junction Ltd. Boarding Stables and Arena and Lazy Moose Junction Farm. In consideration of Lazy Moose Junction, Ltd. accepting this application I hereby release and agree to hold harmless and indemnify the directors, officers, owners, employees, instructors and the participants of Lazy Moose Junction Ltd. Boarding Stable and Arena from all claims, actions, or damages without any limitation whatsoever, whether consisting of personal injury or property damage that may result in any way while attending at Lazy Moose Junction Ltd. Boarding Stable and Arena whether such injuries/damage are caused by their negligence or not; assuming myself any and all responsibility and liability for same.

I acknowledge and agree that this waiver (release and indemnify agreement) is binding on myself and upon my heirs, administrators, executors, and assigns and I herewith again reaffirm my free and willing intent to exercise it. I also acknowledge that I have signed and do agree to sign the government age applicable AR-0130 Waiver Form (Acknowledgement of Risk and Release of Liability).

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE

Dated: _____ day of _____ 2018

Print Name - Participant: _____

Signature of Participant: _____

Print Name – Guardian/Parent: _____

Signature of Guardian/Parent: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM
(For Participants Under the Age of Majority)

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City _____ Prov. _____ Postal _____

Parent/Guardian Name: _____ Date of Birth: _____

Parent/Guardian Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

Parent/Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: Derek Donald (Certified Equine Assisted Learning Facilitator) DBA Horses Changing Lives
_____,
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARENT/GUARDIAN

Initial each item below After Reading and Understanding the item.

- _____ **1) I am the Parent or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent or guardian with the **intent this Form Is To Be Binding on Myself and the Infant Participant for All Legal Purposes.**
- _____ **2) I Understand the RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- _____ **3) I Understand** injury may be reduced by wearing proper safety equipment and that no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ **4) I have Freely Decided** to allow the infant Participant to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ **5) I have Permitted the Refusal of Critical Safety Equipment** against the advice of the "Host".
- _____ **6) I Assume Full Responsibility for all additional DANGERS, HAZARDS, and RISKS** of injury my decision to permit riding without a helmet might expose the infant Participant.
- _____ **7) I Agree to HOLD HARMLESS and INDEMNIFY** the "Host" from any and all liability for injury resulting from the infant Participant riding without a helmet designed for equine activities.
- _____ **8) I Understand that signing this form Waives certain Legal Rights** that I or the infant Participant might have against the "Host".

Before signing this form I read it (as indicated by my initials above) **and I state 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".**

SIGNED This _____ day of _____, 20____

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)