



Hope Haven Therapeutic Riding Centre Waiver & Indemnity

Confidentiality at Hope Haven

I recognize that being at **Hope Haven Therapeutic Riding Centre** may entitle me to certain information about participants which should be treated as confidential. All information given to me or overheard by a parent/instructor/volunteer in relation to a participant will be discussed only with the personnel of Hope Haven and at no time will I discuss this information with any other individual. I also recognize that all volunteers and staff of Hope Haven have signed an oath of confidentiality.

Initial _____

Photo/Video Release

I hereby authorize **Hope Haven Therapeutic Riding Centre** to use and reproduce any photographs and/or other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of Hope Haven programs and facility. This may also include publishing on social media platforms such as Facebook, Instagram, and YouTube.

- YES
- NO

Covid-19 Acknowledgement of Risk

I am aware of the risks of contracting Covid-19 while participating in face to face programming despite infection control measures taken by Hope Haven. I have considered the following list of factors that may put myself and/or my dependent at a higher risk of contracting Covid-19 and/or experiencing more severe symptoms, and freely accept and fully assume any such risks.

- Underlying respiratory or immune health condition for self or family member
- Difficulty maintaining required physical distancing due to cognitive impairment or need for physical assistance
- Unable or unwilling to comply with wearing a mask
- Frequent touching of face/mouth/nose or drooling

I have fully read and agree to follow all policies and procedures as outlined in **Hope Haven's Covid-19 Infection Control Policies** document. I am aware that this document is continuously updated and available on Hope Haven's website.

I am signing for myself and/or my dependent under my own free will and hereby release and agree to hold harmless Hope Haven, it's Directors, Officers, employees, representatives and all individuals associated with my participation there from any and all claims or liabilities related to my attendance at Hope Haven.

Initial _____



Acknowledgement of Risk & Release of Liability

****Every individual must read and understand the following information before participating in equine activities.****

To: **Hope Haven Therapeutic Riding Centre and Family Camp Inc**, their directors, employees, volunteers, business operators, and site property owners (all of them collectively called the **HOST**).

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 Participation in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "**Legal Representatives**") agree

To Waive All Claims that I 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.

In signing this form I understand all of the points above and I waive certain legal rights I or my "Legal Representatives" might have against the "HOST".

Initial _____



Participant Name (print) _____

Date of Birth _____

Participant Address:

Street Address _____

City & Province _____

Postal Code _____

Parent/Guardian Signature (or participant if >18) _____

Date Signed _____

Witness Signature _____

Date Signed _____