Hope Haven Video Competition Waiver & Indemnity

Photo/Video Release

I hereby authorize Hope Haven Therapeutic Riding Centre Inc. to use and reproduce any photographs and/or other audio-visual materials taken of me for use on website, 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** **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 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.

HOPE HAVEN

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".

Participant Name (print)_____

Participant Date of Birth (mmddyy)_____

Participant Address:
Street Address_____
City & Province_____
Postal Code_____

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

Date Signed_____

Witness Signature_____

Date Signed_____