

## FREEDOM ACROBATICS RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

Vaulter's full name \_\_\_\_\_

Birthdate \_\_\_\_\_ HCBC # \_\_\_\_\_

Parents/guardians name(s) \_\_\_\_\_

Others (siblings, other family etc) who will be on the premises \_\_\_\_\_

Address \_\_\_\_\_ Code \_\_\_\_\_

Parent/Guardian Cel Phone(s) \_\_\_\_\_

Vaulter cel phone (if applicable) \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Vaulter email (if applicable) \_\_\_\_\_

To: Freedom Acrobatics, Equine Canada, VaultCanada, Horse Council BC, the Equestrian Vaulting Association of BC, Alisa Dearborn and family, and their respective owners, operators, employees, agents, coaches, volunteers, representatives, successors and assigns, and including the owner(s) of any horse used in this program (hereinafter collectively the "RELEASEES")

DEFINITIONS: In this agreement the term "ACTIVITIES" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the RELEASEES and shall include, but is not limited to: horseback riding, pony rides, day camp activities, equestrian vaulting and acrobatics, and all activities related to vaulting and acrobatics activities, including performing gymnastic and acrobatics routines on practice barrels, other gymnastic or acrobatics equipment and/or on a moving horse; mounting and dismounting a moving horse, and using other equipment suitable to the training and performance of equestrian vaulting and acrobatics. Also participation in competitions, demonstrations, performances, special events and clinics hosted by the Releasees.

ASSUMTION OF RISKS : I am aware that EQUESTRIAN ACTIVITIES AND ACROBATICS involve risks, dangers and hazards including but not limited to: **Horses, including those normally well-behaved, are unpredictable and may spook, bolt, buck, rear, kick, bite, trample, fall and otherwise cause injury, including death, to persons, and damage to property including other horses; and that gymnastics and acrobatics equipment and activities also entail risks including falls from heights.** And I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH EQUESTRIAN ACTIVITIES AND ACROBATICS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE RESPONSIBILITY OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM FOR MYSELF AND MY MINOR CHILDREN. I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. I AM SIGNING THIS WAIVER ON BEHALF OF MYSELF AND ANY MINOR CHILDREN IN MY CARE.

Date: \_\_\_\_\_

Signature of all Participants over the age of 19 years and parent(s)/guardian(s) of Participants under 19 years. Print Name(s) clearly: \_\_\_\_\_

Signature(s): \_\_\_\_\_