**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES**

**PLEASE READ CAREFULLY**

**AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY**

**ADULTS**

**I REQUEST PERMISSION TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY DUNCAN WOOD, WOODLANDS EQUESTRIAN SERVICES, 3251 COUNTY ROAD 15, BROCKVILLE, ONTARIO**

**I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS.**

**I WISH TO PARTICIPTE IN THESE ACTIVITIES KNOWING THAT THEY ARE**

**DANGEROUS.**

**IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST DUNCAN WOOD, WOODLANDS EQUESTRIAN SERVICES, 3251 COUNTY ROAD 15, BROCKVILLE, ONTARIO, OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO ME OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.**

**IT IS HIGHLY RECOMMENDED THAT ALL HORSEBACK RIDERS OF ANY**

**AGE WEAR A HIGH IMPACT HELMET.**

**DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**