

RICHMOND THERAPEUTIC RIDING ASSOCIATION

Waiver of Liability - Volunteer

In consideration of the undersigned ("Participant") receiving services from Richmond Therapeutic Riding Association, Twin Oaks Farm Ltd., and their employees, agents and assigns (hereinafter referred to as "RTRA/Twin Oaks"), the Participant undertakes the sole responsibility for and assumes all risk of accident or damages to his/her person, personal injury, aggravation of physical and/or mental condition, or death of the Participant, and damage to or theft or loss of the personal tack or personal property of the Participant, arising from or related to riding lessons, participation in horse shows, (including travel to and from such shows), horse transport (including loading/unloading), and any other activities not specifically referred to (hereinafter referred to as "equine activities"), by RTRA/Twin Oaks.

The Participant acknowledges that horses can be unpredictable animals, that dangerous conditions are an integral part of equine activities, and that personal injury, death, or property loss can arise from the inherent risks of equine activities, including collision with or the horse's response to natural or other objects, other horses and animals, and other Participants, and from the negligence of RTRA/Twin Oaks or others.

I HAVE READ THE ABOVE _____ (please initial)

RTRA/Twin Oaks shall not be liable for any claim or demand of any kind by the Participant, his/her heirs, executors, or assigns, whether caused by the negligence, fault, failure, breach of contract or otherwise of RTRA/Twin Oaks, and releases RTRA/Twin Oaks from such liability and waives all claims with respect thereto, and further agrees to hold harmless and to indemnify RTRA/Twin Oaks from any and all liability from any property damage or personal injury to any third party resulting from his/her participation in equine activities.

The Participant acknowledges and accepts that this Waiver of Liability affects his/her legal rights, and limits or extinguishes rights otherwise existing for the Participant to seek legal remedies for personal injury, death or property loss or, if he/she dies, any rights his/her legal representatives may have against RTRA/Twin Oaks, and declares that he/she signs this document freely and voluntarily, without coercion or influence by RTRA/Twin Oaks.

I HAVE CAREFULLY READ AND UNDERSTAND THIS WAIVER _____ (please initial)

Signed this _____ day of _____, 20____.

WITNESS:)	PARTICIPANT:
_____)	_____
Signature)	Name of Participant
_____)	_____
Name in Print)	Signature of Participant (or Participant's Parent/Guardian)
_____)	_____
Street Address)	Name of Participant's Parent/Guardian, if appropriate
_____)	_____
City/Province/Postal Code)	Street Address of Participant
)	_____
)	City/Province/Postal Code
)	_____
)	Telephone

EMERGENCY CONTACT INFORMATION

Name of Contact

Contact Number

Alternate Contact Number

Relationship to participant