



# Liability Waiver and Assumption of Risk Agreement

To: Campbell Valley Equestrian Society (hereinafter referred to as CVES), and, to CVES employees, representatives, officers, directors, and agents (CVES Employees”) collectively referred to as “The Releasees”.

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Event Location:** \_\_\_\_\_

I acknowledge that the sport of horse riding is a high risk activity and that I am participating at my own risk an in full knowledge of the potential hazards which are inherent in the sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both horse and rider, which can result from normal use, competition, or schooling. In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release CVES and CVES employees, “The Releasees” and the owners and occupiers of the land upon which the competition is held from all responsibility, liability or claims of any nature and any kind which I may have arising from my participation in this activity, included but not limited to bodily injury or death to myself or my horse and damage to property arising from any cause whatever, including the negligence of one or more of the individuals or organization referred to herein.

I HEREBY DECLARE THAT IN SIGNING THIS AGREEMENT THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS, AND ASSIGNS.

Name of Rider: \_\_\_\_\_ Horse Council #: \_\_\_\_\_  
Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
Name of Horse Owner: \_\_\_\_\_ Horse Council #: \_\_\_\_\_  
Signature of Horse Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**If the rider is 18 years of age or younger the parent or guardian must also sign below.**

I acknowledge that I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_  
\_\_\_\_\_ And that I have read and fully understand and agree to the  
\_\_\_\_\_ terms and conditions stated herein on behalf of \_\_\_\_\_  
my \_\_\_\_\_, and my myself.

Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_