



District of Metchosin
4450 Happy Valley Road, Victoria, BC V9C 3Z3
Telephone: 250-474-3167 Fax: 250-474-6298
www.metchosin.ca

SSC MEMBERS SIGN YEARLY

Revised Oct 2014

**Equestrian Riding Ring
Release of Liability, Waiver of Claims, Assumption of Risks
and Indemnity Agreement
Waiver must be completed in full or waiver is NOT valid**

PLEASE PRINT CLEARLY

By signing this document you will waive certain legal rights, including the right to sue for damages and injuries suffered as a result of using the premises.

Please read carefully

Name: _____
Street Address: _____ City: _____
Telephone: _____ Email: _____
HCBC # _____ or Insurance Policy # _____

In consideration of the District of Metchosin permitting me to use the Equestrian Riding Ring:

I agree that I will indemnify and save harmless the District of Metchosin, its officers, employees and volunteers, and the Metchosin Equestrian Society and its directors, members and volunteers (herein collectively called "The Releasees) from and against any and all claims whatsoever, including all damages, liabilities, expenses, costs, including legal or other fees, incurred in respect of any such claims or any actions or proceedings brought thereon arising directly or indirectly from or in connection with my use of the Equestrian Riding Ring, which includes the riding ring, bleachers and concession (Herein called the "Premises").

I release the Releasees from any and all claims including damages, liabilities, expenses, costs, including legal or other fees that I now have or may have in the future including claims of negligence or gross negligence by the Releasees, or any of them, breach of contract, such duty of care owed under either common law or statute, including any applicable occupiers liability legislation arising out of my use of the premises.

I agree that none of the Releasees have made any warranties or representations respecting the suitability or condition of the premises.

I understand that horseback riding is an inherently risky activity and I freely assume full responsibility for my own personal safety while I am horseback riding at the premises. I further understand that activities or programs offered by a riding instructor, volunteer, or volunteer group are not the responsibility of the District of Metchosin.

I understand that I must either

- Be a current member of the Horse Council of BC to use the riding ring and I give permission to the District of Metchosin to confirm this membership annually; or
- Hold an insurance policy for horse-related activities with a minimum \$5 million liability insurance and \$30,000 AD&D covering me and my students (if any)

I declare that I have read, understood and agree to this release.

Participant Signature

Declared before me at Victoria, BC
this ____ day of _____ 20 ____.

Witness Name: _____

Address: _____

Telephone: _____

Witness Signature

**Parental Consent for Minor Participant
and Indemnity Agreement**

PLEASE PRINT CLEARLY

Must be signed by Parent/ Guardian of all Applicants Under 19 yrs

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out.

In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above and in particular I agree to save harmless and indemnify the Releasees from any claim brought against any of them by my minor child/ward.

I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.

Date of Birth of Minor: _____

Parent/Guardian Name (please print name): _____

Today's Date: _____

Parent/Guardian Signature: _____