

[revised February 2022]

SIGNATURE OF PRIMARY MEMBER

RETURN TO:

TRI-COUNTY CARRIAGE ASSOCIATION'S 'RELEASE AND ACCEPTANCE OF RISK FORM' IS ATTACHED (PAGE 2).

PLEASE SIGN WITH A WITNESS AND FILE ANNUALLY WITH YOUR MEMBERSHIP.

(www.tricountycarriage)

membership@tricountycarriage.com or Mail to:
Karen McCrea, Membership POC
129 Duke Street - Upper, Parkhill ON NOM 2K0
Phone 519-494-5228

TRI-COUNTY CARRIAGE ASSOCIATION RELEASE AND ACCEPTANCE OF RISK FORM FOR 2022

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES - PLEASE READ IT CAREFULLY.

*I am completing and signing this Release and Acceptance of Risk Form in exchange for being permitted to participate in equine carriage driving and riding and other activities organized by or on behalf of Tri-County Carriage Association.

*ACKNOWLEDGEMENT OF RISK:

I acknowledge that activities involving equine, related equipment and surroundings involve a high risk of injury and/or death, and that the sport of carriage driving and riding, is a high risk sport and that I am participating at my own risk and in full knowledge that there are significant risks involved in working with and around equine, related equipment and surroundings, including but not limited to the risks posed by my equine, other equine, other drivers and riders, my own abilities, equipment, other animals and the terrain being driven. I further acknowledge that there is a risk that an accident could occur and result in serious injury or death to me, other people and my equine or in serious damage to property. I acknowledge that I am responsible or my own safety during my participation in Tri-County Association activities, and that no one else who is participating in these activities has a responsibility to protect me.

*RELEASE AND ACCEPTANCE OF RISK:

In consideration of being allowed to participate, I hereby assume all risk, for myself, my heirs, guardians, and legal representatives. I grant a full and final release to, and agree not to make or bring any claim of any kind against Tri-County Carriage Association, its officers, directors, members, employees, volunteers, guests, any land owners, land holders or other persons making property available to the Tri-County Carriage Association and all of their successors and assigns, for any injury, including death, to me or any damage to my property, or to the property of others in my care, custody or control, whether from anyone's negligence or not, or any other cause arising out of my participation in these dangerous carriage driving and riding or related activities scheduled now or in the future.

*I CONFIRM:

- That this Release and Acceptance of Risk is intended in part for the benefit of the third parties listed above, who, despite not being
 signatories to this Release and Acceptance, are entitled to rely upon and enforce this Release and Acceptance as though they were
 contractual parties to it.
- This Release and Acceptance applies not only to my participation in activities on or about the day it is signed, but also to my participation in carriage driving and riding and other activities organized by Tri-County Carriage Association during the current membership year.

| I hereby declar Herein and the OR I am under the By signing this | at it is binding upon my heirs e age of 18 years. My paren s document I agree that TCC | I have read and fully understand and agree to the terms and conditions stated |
|---|---|--|
| *PARTICIPANT'S NAME | | *Participant's Signature |
| | | *CITY |
| *Postal Code | *EMAIL | *PHONE |
| *EMERGENCY CONTACT | # | |
| * I am the parer I have read and fully uper behalf of the participal assigns. My signature described above on bel * By signing/sub | nderstand and agree to the to nt that the terms and condi- below and submission of the nalf of the participant, and I mitting this document I agree | ant, who is under or over the age of 18 years of age where a Guardian is required. erms and conditions stated above, as they relate to the participant, and I agree on tions are binding upon the participant and the participant's heirs, executors and his document signifies my intention to grant the Release and Acceptance of Risk acknowledge the risks to the participant described above. The ethat TCCA may use photographs of those addressed in this release for TCCA's ility to have obtained current and adequate insurance coverage. |
| *PARENT/GUARDIAN NAME | | *WITNESS BY |
| *PARENT/GUARDIAN S | GNATURE | *Dated* |

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RETURN TO: