

# Rae-Lynn Armstrong Riding Clinic



## REGISTRATION FORM \*PLEASE HAND IN MORNING WHEN CLINIC BEGINS\*

### CAMPER 1

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

DOB: \_\_\_\_\_ Alberta Heath Care #:

\_\_\_\_\_  
Complete List of Allergies or Health Conditions:

### CAMPER 2

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male

Female

DOB: \_\_\_\_\_ Alberta Heath Care #:

\_\_\_\_\_  
Complete List of Allergies or Health Conditions:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother or Legal Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father or Legal Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Emergency Name and Contact Phone #: \_\_\_\_\_

\*\*WAIVERS ON NEXT PAGE. PLEASE FILL OUT A WAIVER FOR EACH CAMPER. \*\*

# ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

Every Person MUST Read and Understand this Waiver Before Participating in Athletic Activities.

## **THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!**

The following waiver of all claims, release from all liability, assumption of all risks and other terms of this agreement are entered into by me (the "Participant") with and for the benefit of **Rae-Lynn Armstrong Riding Camp** its directors, officers, employees, volunteers, coaches,

officials, business operators, agents and site property owners or Occupiers (the "Organization"), Occupiers is defined in accordance with the definition of Occupiers contained in the Occupiers Liability legislation applicable to the Province or Territory in which the Athletic Activities are provided by the Organization.

1. "Athletic Activities" includes but is not limited to contact and non-contact sports, horse riding, fitness activities, personal training instruction and activities, use of facilities, and fitness programs and services provided to the Participant by the Organization.

2. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware that those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Organization, and health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness, and nausea. I understand the Risks are relative to my own state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which I conduct myself while participating in Athletic Activities.

3 I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in Athletic Activities. I agree that although the Organization has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Organization to make the Athletic Activities completely safe, I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me in my participation in Athletic Activities.

4 I acknowledge my obligation to immediately inform the nearest employee or others of the Organization if I feel any pain, discomfort, fatigue or other symptoms that he or she may suffer during and immediately after his or her participation in Athletic Activities. I understand I may stop participation at any time, and I may be requested to stop by an employee or others of the Organization who observes any symptoms of distress or abnormal response.

5 I confirm that I have reached the age of majority in the province or territory in which I am participating in Athletic Activities.

6 In addition to consideration given to the Organization for my participation in Athletic Activities, I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives"), agree:

a. to waive all claims that I have or may have in the future against the Organization;

b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage, or loss resulting from my participation in the Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and *careful* person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and

c. to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in Athletic Activities.

7 I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province or Territory of Canada in which the Athletics Activities are provided to me by the Organization. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory Any litigation to enforce this waiver must be instituted in the Province or Territory in which the Athletic Activities are provided by the Organization.

8 I confirm that I have had sufficient time to read and understand each term in this waiver in it's entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself and my Legal Representatives.

I have read and understand the Rules of the "Clinic" which apply to me. I agree to abide by those RULES and Acknowledge that a breach of the Rules may among other things result in my expulsion from the "Clinic". Before I sign this Release and Acknowledgment, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", or, if I die, by signing this Release and Acknowledgment, I am waiving certain rights that my "Legal Representatives" may have against the "HOST".

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Witness) (Signature of Participant)

**OR**

### **OR IF THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE AT DATE OF SIGNING)**

I am the legal guardian of the Participant names herein and am executing this Release and Acknowledgment on behalf of the Participant in my capacity as guardian with the intent that this Release and Acknowledgment be binding on the infant Participating for all legal purposes. Before I signed this Release and Acknowledgment, I read it and state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", and which the infant Participant has against the "HOST". In the event of my death or the death of the infant Participant, by signing this Release and Acknowledgment, I am waiving all legal rights which my "Legal Representatives" of the infant Participant may have against the "HOST".

**Date Signed:** \_\_\_\_\_

\_\_\_\_\_  
(Witness) (Signature of Guardian of infant Participant)

