101266501 Saskatchewan Ltd. / Spruce Grove Stables Waiver and Release Liability Form



Spruce Grove S Premises either horse provided Print Name of Mir to, riding, lead boarding at the	stables located: Northwes r through Stable on a hord I to me by another horse , a l or ing, mounting, grooming a e Premises or temporarily ies". Horse-Related Activi	able") on the property t 22 – 18 – 19 W 2nd se owned by me or a owner, lessee on the minor ("Minor") signi and having access and on the Premises as a	y owne RM of third p proper ing on b d proxii	pate in horseback riding and related activited by Barry and Barbara Stettner ("Land Ov Sherwood, Saskatchewan ("Premises"); a larty that I am bringing onto the Premises; ty; (c) a spectator/guest on the Premises; behalf of such Minor. I understand that the mity to the Premises and to all horses that /guest. All activities that relate in any way tivities at a horse show off of the Premises	wner") 101266501 Sas (b) a rider with Stable a horse provided to m or (d) the parent or le ese activities include, b may be on the Premis to horses are referred	katchewan Ltd - on or off the ne by Stable; or on a gal guardian of out are not limited ses, whether d to as "Horse-
_	that, at all-times when I a		rse-Rel	ated Activities, I have "taken control" of tl	he horse. In considera	tion of being
pern negli inact unde agen expe instr 2. I und but r obst peor perfe 3. I und Stab helm prot failu an a assu 4. I und pern and or as natu to de Hors know or, I	nanent disability and even gence, but also are part o ion of other persons presers and that these injuries its or representatives and rience or ability; the train actions on riding skills; or least and that a horse may not limited to: walking; studies, stepping on a persoule on the Premises and domance. I also understand that some of the e is not engaged in the bust available for my use. Sective helmet and may refer to wear a helmet while incident might occur. If I elemption of the risks. In erstand and voluntarily an anent disability or death, their respective officers, disigns (collectively referred that arise out of or are affend the Released Parties e-Related Activities, including the second of the risks.	death and that these of the inherent danger ent, whether participe, harms and damages that such actions, ina ing or selection of ho leading and supervise, without warning or ambling; falling; buck n's feet; or pushing oue to the unpredictated that saddles or bridgishess of providing Hestable has strongly refuse to allow me to rivengaging in Horse-Refuse to engage in Horse-Refuse to engage in Horse-Refuse and I hereby knowing irectors, members, od to as "Released Parcaused or related in a from and against and ding my use of any veh and have no physic of I elect to ride regard	e injurier e injurier e injurier e associating ir se actions or ses; many appling; rea er shovi object e any appling; rea er shovi object e e e e e e e e e e e e e e e e e e	parent cause, do something that could har ring; biting; kicking; running; making unpring a person, any or all of which may arise are and irrational behavior of horses, regardy loosen or break, all of which may cause a lated Activities can be minimized through elated Activities to members of the general ended that anyone involved in any way with Stable on or off Premises if I do not wear activities greatly increases my chances of seed Activities without using a protective heads and accept personal responsibility for all willingly release, waive, discharge and covers, and/or any of their employees, agents from and against any and all liability, losses by to my Horse-Related Activities, and I agrifiability damage or cost they may incur arise equipment or gear provided to me by the her condition that would prevent me from such condition.	y from my own action plated Activities, as well further acknowledge gence of Stable or Stable or Stabited to: the assessment dles, bridles or other earm me or people in its redictable movements out of the action or in ruless of their training a rider to be injured or the use of protective leal public and may not the Horse-Related Actives a protective helmet. I do so with full any damages following the protective helmet, I do so with full any damages or costs of ee to indemnify, hold sing out of or in any we released Parties. To terminate of the serious of the protection of the serious injury or death plate in the serious injury or d	s, inactions or II as the action or and fully ble's employees, not of my riding equipment; vicinity, including, ; spooking; jumping action of other and/or past rilled. The limets And that have protective vities wear a understand that in the event that knowledge and gany such injury, ble, Land Owner otractors, successors any kind or any harmless and agree ay related to my the best of my
DATED this	day of	, 20	for the	e term of One (1) Year, to be renewed	day of	20
RIDER/OWNE	R/VISITOR			PARENT/GUARDIAN: I agree to the above the Minor's behalf, and also waive and rehold harmless Stable, Land Owner and alliability of any kind (as set forth above) to the Minor and from any defect in or lack behalf in executing this Waiver.	elease, indemnify, agre Il Released Parties fror o me as a result of inju	n and against Iries to or death of
Signature				Signature		
Print Name				Print Name		