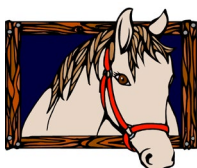


T.H.R.I.L.



Therapeutic Horse Riding In Lindsay

**FIELD OF DREAMS FARM / THRIL
PARTICIPANT LIABILITY RELEASE, WAIVER, AND ASSUMPTION OF RISK
AGREEMENT**

(For Therapeutic Riding and/or Horsemanship Lessons)

Participant's Name: _____

Parent/Legal Guardian's Name (if participant is a minor): _____

I, the undersigned, hereby acknowledge and agree that participation in horseback riding and/or horsemanship lessons, including therapeutic riding sessions (hereinafter referred to as "Activities"), involves **inherent risks**, both known and unknown, including but not limited to:

- Unpredictable behavior of horses (regardless of training and temperament)
- Sudden movements, collisions, loss of balance, or falling
- Equipment failure or tack malfunction
- Environmental hazards (such as uneven terrain, weather conditions, insects, or wildlife)
- Injuries from mounting, dismounting, grooming, leading, or feeding horses
- Potential negligence by other participants, volunteers, or animals

These risks can result in **serious physical or emotional injury, paralysis, property damage**, or even **death**.

Despite these risks, I voluntarily choose to participate (or allow my child/ward to participate) in the Activities at **THRIL and Field of Dreams Farm**, believing the potential therapeutic, educational, and recreational benefits outweigh the risks.

RELEASE AND WAIVER OF LIABILITY

In consideration for being allowed to participate in the Activities, I hereby:

1. **Fully assume all risks** associated with participation, including the risk of **serious injury or death**, regardless of cause.

T.H.R.I.L.

Visit us at www.thril.ca

Charitable # 76982 4913 RR0001

A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 info@thril.ca

T.H.R.I.L.



Therapeutic Horse Riding In Lindsay

2. **Release, discharge, and agree to hold harmless** THRIL and Field of Dreams Farm, their respective owners, Board of Directors, instructors, therapists, aides, volunteers, employees, agents, representatives, sponsors, successors, and assigns (collectively, "Releasees") from any and all **liability, claims, demands, actions, or causes of action** of any kind whatsoever arising out of or related to participation in the Activities, whether resulting from **negligence, acts of God**, or any other cause.
3. **Agree not to sue** or bring any legal action against the Releasees for any loss, damage, injury, or death arising out of or in connection with the Activities.
4. **Agree to indemnify and hold harmless** the Releasees from any and all liabilities or claims made as a result of participation, including legal costs or expenses.

ACKNOWLEDGMENT OF UNDERSTANDING

I certify that I have read this entire document and understand its contents. I understand that by signing this agreement, I am giving up legal rights, including the right to sue. I voluntarily sign this agreement freely and without inducement. I affirm that I am at least 18 years old and legally competent to sign this release; or, if signing on behalf of a minor, that I am the legal parent or guardian of the minor named above.

Signature of Participant/Parent/Legal Guardian:

Print Name: _____

Date: _____

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Photo Release

Please check **one** of the boxes below:

☐ **I give my consent** to THRIL and Field of Dreams Farm to use and reproduce any photographs, video recordings, or other audiovisual materials featuring me/my child/my ward for promotional materials, educational activities, exhibitions, and other purposes that support the mission and programs of THRIL and Field of Dreams Farm.

☐ **I do not give my consent** to THRIL and Field of Dreams Farm to use any photographs or audiovisual materials featuring me/my child/my ward.

Name (print): _____

Signature: _____

Date: _____

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