

**TEMISKAMING PLEASURE HORSE CLUB  
WAIVER AND RELEASE OF LIABILITY FOR 2010**

PLEASE READ BEFORE SIGNING

As a condition of entry into, or volunteering at, any of the TPHC activities, it must be understood that the participants and volunteers enter entirely at their own risk, and will not hold the TPHC, its directors or members, and volunteer workers responsible for injury, loss or damage occurring during any of the club's activities.

Participants and volunteers agree to release, discharge and undertake not to commence action against the TPHC from and all claims and causes of action, or liability of any kind whatsoever for injuries, property damage, or death which in any way results from participating or volunteering in any of the TPHC activities.

The TPHC does not assume responsibility for loss of wages, medical, dental or hospital care for athletes, officials or volunteers during any of the TPHC activities.

\_\_\_\_\_(initial) By signing this waiver, you the undersigned, agree for yourself and/or minor(s) you are parent/guardian for, that if medical treatment of any kind is required, your personal insurance and personal funds shall pay for all incurred expenses. The Released Party will not be held liable for any claims or suits of any kind.

\_\_\_\_\_(initial) By signing below, you the undersigned, agree for yourself and/or for the minor(s) you are parent/guardian for, that you acknowledge and accept all the risks involved in all equestrian events and activities and discharge the Released Party and its officers and/or volunteers from any claims of any kind. The undersigned fully understands and acknowledges the possibility of accidental or other physical injury when participating in such activities as gymkhanas, clinics, horse shows, trail rides, and/or as spectators at such events, and will not hold the TPHC responsible for any injury, loss or damages suffered while participating in activities or services by the Released Party.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

\_\_\_\_\_ Signature

Names of all minors for whom I am legally responsible:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

OEF # \_\_\_\_\_ or OTHER INSURANCE \_\_\_\_\_

\_\_\_\_\_ Signature

IT IS HIGHLY RECOMMENDED THAT ALL HORSEBACK RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET. IT IS MANDATORY THAT ALL MINORS (under 18 years of age) WEAR A HIGH IMPACT HELMET.

