

# FREEDOM ACROBATICS

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Vaulter's full name \_\_\_\_\_

Parents/guardians name(s) \_\_\_\_\_

Others (siblings etc) who will be on the premises \_\_\_\_\_

Address \_\_\_\_\_ Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cel(s) \_\_\_\_\_

Email \_\_\_\_\_

Vaulter Birthdate \_\_\_\_\_ BC Medical # \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Horse Council BC Membership # \_\_\_\_\_ Equine Canada # \_\_\_\_\_

To: Freedom Acrobatics, Equine Canada, VaultCanada, the Equestrian Vaulting Association of BC, Three Stirrups Stable, Hillside Equine Services, Alisa Schmidt, and their respective owners, operators, employees, agents, coaches, volunteers, representatives, successors and assigns, and including the owner(s) of any horse used in this program (hereinafter collectively the "RELEASEES")

**DEFINITIONS:** In this agreement the term "ACTIVITIES" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the RELEASEES and shall include, but is not limited to: equestrian vaulting and acrobatics and all activities related thereto ("vaulting and acrobatics activities"), including performing gymnastic and acrobatics routines on practice barrels, other gymnastic or acrobatics equipment and/or on a moving horse; mounting and dismounting a moving horse, and using other equipment suitable to the training and performance of equestrian vaulting and acrobatics. ***Initial:*** \_\_\_\_\_

**ACKNOWLEDGEMENT – SAFETY:** I acknowledge that I am NOT required to wear an equestrian helmet while participating in certain vaulting or acrobatics activities as a helmet may adversely affect my balance. I am aware that there are coaches, volunteers or instructors available to answer any questions that I may have as to the proper use of the equipment. ***Initial:*** \_\_\_\_\_

**ASSUMTION OF RISKS :** I am aware that EQUESTRIAN ACTIVITIES AND ACROBATICS involve risks, dangers and hazards including but not limited to: ***Initial:*** \_\_\_\_\_

- Horses, including those normally well-behaved, are unpredictable and may spook, bolt, buck, rear, kick, bite, trample, fall and otherwise cause injury, including death, to persons, and damage to property including other horses; and
- that gymnastics and acrobatics equipment and activities also entail risks including falls from heights. and
- **I understand that there are health risks associated with participating in any activity during the COVID-19 pandemic, which risks include, but are not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the Organization's efforts, may be infected with COVID-19 or other communicable illnesses**

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH EQUESTRIAN ACTIVITIES AND ACROBATICS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE RESPONSIBILITY OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM **FOR MYSELF AND MY MINOR CHILDREN**. I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. I AM SIGNING THIS WAIVER ON BEHALF OF MYSELF AND ANY MINOR CHILDREN IN MY CARE.

Date: \_\_\_\_\_

Signature of all Participants over the age of 19 years and parent/guardian of Participants under 19 years

*Print Name clearly:*

*Signature:*

\_\_\_\_\_

\_\_\_\_\_

*Witness name:*

*Signature:*

\_\_\_\_\_

\_\_\_\_\_