

**EDMONTON AREA ALBERTA DRESSAGE ASSOCIATION
AND REPRESENTATIVE**

THIS IS A RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, OR CLAIM COMPENSATION

NAME

(PRINT);
(PARENT OR PARTICIPANT OVER 18)

PLEASE READ CAREFULLY!

- To:** Edmonton Area Alberta Dressage Association and its employees, servants, owners, shareholders, agents, directors, officers, volunteers, other participants and insurers (all hereinafter referred to as EAADA).
- 1(a) I, am of the full age of 18 years and wish to participate in the **2026 Sparkle Into Spring AEF Schooling Show** and all other activities which are an integral part of equine activities, conducted by EAADA
- 1(b) I, parent or guardian, wish to have a minor under the age of 18 years participate in the **2026 Sparkle Into Spring AEF Schooling Show**, and all other activities which are an integral part of equine activities, conducted by EAADA and that I am one of the parents of such minor, or duly appointed guardian for and on behalf of such minor, and I further hereby represent and agree that I have full authority to act on behalf of such minor.

ASSUMPTION OF RISKS

I am aware that horseback riding lessons, clinics and all other activities which are an integral part of equine activities are a high risk sport and that I am participating, or authorizing a minor to participate, at our or my own risk and in full knowledge of the inherent risks, dangers, hazards and conditions of this sport, including the propensity for horses to act unpredictably and react suddenly even to normal activities.

I understand that participation in equine activities includes, without limitation, the use of the indoor riding arena, the use of the outdoor riding arena, the use of the barn, paddocks or pasture, the use of helmets, saddles, bridles or any other equipment provided by anyone, the use of any horses on this property owned by anyone, whether kept on the property or brought to the property for use, the taking of riding lessons and the observation of equine activities. I understand such activities have many inherent risks resulting from dangers, hazards and conditions that are an integral part of participating in equine activities.

I freely accept and fully assume on behalf of myself and a minor, if applicable, all such inherent risks, dangers, hazards, conditions and negligence, gross negligence, negligent acts or omissions and the possibility of personal injury to me or a minor, death, property damage or loss resulting therefrom to myself or a minor, if applicable, or others on the property.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of EAADA accepting me as a client in this clinic, allowing me to participate in equine activities and, in consideration of EAADA., I hereby agree as follows:

1. To waive any and all claims whatsoever that I, or a minor, if applicable, may have in the future against EAADA including, but not limited to, any claims arising through negligence, gross negligence, negligent acts or omissions, breach of contract or breach of any statutory duty or other duty of care including any duty of care owed under any Occupier's Liability legislation applicable;
2. To release EAADA from any and all liability for any loss, damage, death, injury, or expense that I, or a minor, if applicable, may suffer, or that my next of kin may suffer as a result of my participating in any activities with EAADA,

due to any cause whatsoever, including, but not limited to, any negligence, gross negligence, negligent acts or omissions, breach of contract or breach of any statutory duty of care, including any duty of care owned under any Occupier's Liability legislation applicable;

3. To hold harmless and indemnify EAADA from any and all liability for any loss, damage, death, injury, or expense that I, or a minor, if applicable, may suffer, or that any third party may suffer resulting from any activities with EAADA, due to any cause whatsoever, including, but not limited to, any negligence, gross negligence, negligent acts or omissions, breach of contract or breach of any statutory duty of care, including any duty of care owned under any Occupier's Liability legislation applicable;
4. That this Agreement shall be effective and binding on myself, a minor, if applicable, our heirs, next of kin, executors, administrators, assigns; and representatives in the event of our death or incapacity.

In entering into this document, I am not relying on any oral or written representations or statements made by EAADA other than as set forth in this document. Any amendments to this document, must be in writing signed by a duly authorized representative of EAADA and the participant, or where applicable, the Parent or Guardian.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS LEGAL DOCUMENT AND AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE, OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE, OR A MINOR MAY HAVE, AGAINST EAADA AND TO CONFIRM THAT I HAVE READ THIS DOCUMENT I HAVE SIGNED BELOW.

PARTICIPANT	PARENT/GUARDIAN
SIGNATURE OF PARTICIPANT	SIGNATURE OF PARENT OR GUARDIAN
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)

WITNESS	NAME AND ADDRESS OF PARTICIPANT, PARENT OR GUARDIAN
SIGNATURE OF WITNESS	NAME
NAME (PLEASE PRINT)	STREET ADDRESS
	CITY, PROVINCE POSTAL CODE
	RES. PHONE
	BUS. PHONE

DATE, 202.....