



**WAIVER AND ACKNOWLEDGMENT FORM
ALBERTA HORSE TRIALS ASSOCIATION**

Name _____

Address _____

AHTA # _____ []

Pony Club/4-H # _____ [] plus an AHTA 4H/Pony Club form

AEF # _____

EVERY PARTICIPANT IN THE AHTA CLINICS SHALL CAREFULLY READ THIS NOTICE BEFORE SIGNING; NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE PRIOR TO SIGNING THIS FORM AS REQUIRED.

“Inherent risks of equine activities” shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- i) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity;
- ii) the unpredictability of an equine’s reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals;
- iii) the equine’s response to certain hazards such as surface and subsurface objects;
- iv) collisions with other equines, animals, people and objects;
- v) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

Neither the Alberta Equestrian Federation Society, Canadian Equestrian Federation, Alberta Horse Trials Association, Horse Trials Canada, the organizing committee of the show, officials, volunteers, staff nor agents shall in any way be liable for any accident, injury, damage, loss or for any other matter that may happen to exhibitors, competitors, owners, agents or to anyone on the grounds or to any animal or article brought to the grounds. It is to be understood and agreed that by making an entry to AHTA clinic/clinics all exhibitors, competitors, owners, agents and representatives acknowledge that equestrian sports involve inherent risk and do hereby indemnify and hold harmless the Alberta Equestrian Federation, Canadian Equestrian Federation, Alberta Horse Trials Association, Horse Trials Canada, and the owners, directors, officers, members, employees, agents and volunteers thereof from and against any and all loss, costs or expenses, or any claim thereof of whatever nature arising or to arise for and on account, or by reason of participation.

Signed this _____ day of _____, 20____

Rider _____ Owner _____

Parent _____
(Parent or guardian to sign for child under 18 years of age)

This waiver and acknowledgment shall remain in effect for the duration of the 20____ AHTA clinic season, and until all horses and property of the signee has been removed from the clinic facilities.