

**SOUTH CENTRAL  
QUARTER HORSE ASSOCIATION**

**WAYNE SODERBERG CLINIC**

**KELOWNA RIDING CLUB**

**8:00AM Start**

**MAY 13, 2023**

**Participant's Name** \_\_\_\_\_

**Guardian (if under 18yrs of age)** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

\_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Clinic Fee: \$150 for BCQHA member/ \$180 non-member**

**Payment must be received in full to hold your spot, only if your spot can be filled will you receive a refund in full should you need to cancel.**

**Payment method**

- Email money transfer to [scqhashow@gmail.com](mailto:scqhashow@gmail.com)

**Authorized signature:** \_\_\_\_\_

**Please email this completed form to [scqhashow@gmail.com](mailto:scqhashow@gmail.com)**

# EQUESTRIAN ACTIVITIES WAIVER AND RELEASE OF LIABILITY

Whereas British Columbia Quarter Horse Association (“BCQHA”) is a Society, registered with the Registrar of Companies for British Columbia under No. S-0041873 in accordance with the Society Act of British Columbia and has multiple zones (“Zones”) within the Province of British Columbia. Each Zone has its own Board of Directors for operational purposes, but they exist as Zones of BCQHA and not as separate entities.

In consideration of the undersigned (the “Releaser”) being allowed to participate in any way in any event, activity or program hosted, organized, sponsored, or promoted by BCQHA or any of its Zones, or in any event in which BCQHA or any of its Zones are participating or involved with (collectively the “Events”), the undersigned Releaser hereby acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities associated with any equestrian program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF BCQHA or any of its Zones, their respective successors or assigns, Officers, Directors, or Members, and I assume full responsibility for my participation in any of the Events;
3. I willingly agree to comply with the stated and customary terms and conditions for participation in any of the Events. If however, I observe any unusual or significant hazard (“Hazard”) during my presence or participation in any of the Events, I will remove myself from participation and bring such Hazard to the attention of the nearest BCQHA or Zone official immediately;
4. I hereby release, indemnify, and save harmless BCQHA and each of its Zones, and their respective successors or assigns, Officers, Directors, or Members, and any related organizations or sponsors (collectively the “Releases”) from any and all actions, causes of action, suits, debts, duties,

accounts, contracts, claims and demands whatsoever in nature and kind wherever and however arising, in law or in equity, that the Releaser now or in the future can, will, or may have against the Releases including and without limitation, any matter, thing or action arising out of, or in any way related to, my participation in any of the Events and with RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property of the Releaser, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. [L] I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT BY BCQHA, its Officers, Directors or Members, or any of its Zones and the Officers or Directors of BCQHA's Zones. [L] [SEP]

DATED:

WITNESS

SIGNATURE OF RELEASOR

Name and address:

FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 19 AT TIME OF REGISTRATION)

This is to certify that I, \_\_\_\_\_, (insert name and address of parent/guardian) of \_\_\_\_\_ as parent/guardian with legal responsibility for \_\_\_\_\_ (print name of minor) (“Participant”), do consent and agree to the release of the Releasees, as defined above, on behalf of the Participant and for myself, my heirs, executors, administrators, and assigns, I hereby release and agree to indemnify, protect, hold harmless and defend the Releasees from any and all liability, arising out of any incident arising out of the Participant’s involvement or participation in any of the Events as defined above.

DATED:

WITNESS

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT<sup>[L]</sup><sub>[SEP]</sub>

Print name:

\_\_\_\_\_

Please note: the information below MUST be completed in full

Emergency Contact information:<sup>[L]</sup><sub>[SEP]</sub>

Phone number:

Cell number:

Name:

Address: