

Equine Studies Canada/Jay Jay Rogers/Gloucester Downs Equestrian Park  
6670 267th Street, Aldergrove, B.C. Canada V4W 3L8  
phone: 604 607-5007 email: [jj@gloucesterdowns.com](mailto:jj@gloucesterdowns.com) or [info@equinestudiescanada.com](mailto:info@equinestudiescanada.com)

## WAIVER : Acknowledgment of Risk and Release of Liability

The term Equine Studies Canada Camp ("ESC Camp") shall for the purposes of this agreement mean all activities from the time of arrival for the ESC Camp to the time of departure as set out in the registration for the course for the camper and shall include any and all extensions to the stay.

I **HEREBY** grant the right to the use of photos and videos of myself by Equine Studies Canada Camp ("ESC Camp") and to their use of a photographic/video record of related activities, with the provision that they not be used for advertising products and not be sold to anyone other than the participants or their guardians. I AGREE that they may be used to promote the camp only.

I AGREE in consideration of my participation in this ESC Camp to the following provisions:

I choose to participate voluntarily in the ESC Camp with or without my horse, as a camper, rider, equine care giver, handler, groom, instructor/coach trainee or as a parent or guardian of a Junior Camp participant. I am fully aware and acknowledge that horse sports and the ESC Camp involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain suffering or death ("Harm") I **HEREBY** release the ESC Camp, Jay Jay Rogers, Gloucester Downs Equestrian Park, Coaches and Camp Counsellors ("Principals") from all claims for money damage or otherwise for Harm to me or my horse and for any to others, even if the Harm resulted, directly or indirectly, from the negligence of the ESC Camp or its Principals. I AGREE to indemnify (to pay any losses, damages, or costs incurred by) the ESC Camp, the Principals and to hold them harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse at the ESC Camp. I am fully aware and acknowledge that all camp participants must wear properly fitted protective ASTM, BSI/BS EN approved headgear, helmet, at all times while mounted and that all ESC Campers are also entitled to wear protective equipment while WARNING that no protective equipment can guard against all injuries. I AGREE to ensure that I have adequate medical insurance coverage for myself or my dependents while participating with ESC Camps. If I am a parent or guardian of a Junior ESC Camper, I consent to the child's participation and I AGREE to assume all of the obligations of this release on the child's behalf. I have read the description of the ESC Camp and I AGREE to all of its activities.

Print Participants Name: \_\_\_\_\_ Participants Signature \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_ Parent signature \_\_\_\_\_

Full Address: \_\_\_\_\_ Country & Postal code \_\_\_\_\_

Signed this day: (day/month/year) \_\_\_\_\_

Print Witness name \_\_\_\_\_ Signature Witness \_\_\_\_\_