

DH RANCH

DH Ranch Youth Empowerment Registration

- 1. Name: _____
- 2. Age: _____
- 3. Parent/Guardian Name: _____
- 4. Parent/Guardian Contact Number: _____
- 5. Emergency Contact Name: _____
- 6. Emergency Contact Number: _____
- 7. Allergies (please specify): _____
- 8. Registered Status # _____

Agreements:

- I understand that my child will be provided with a helmet for all horse activities.
- I understand that my child should dress for the weather and wear closed-toed shoes for their safety.
- I acknowledge that participating in these activities may involve some risk of injury and I assume such risks for my child.
- I give permission for my child to participate in the Youth Empowerment Program.

Signature of Parent/Guardian: .	
Date:	

Location: DH Ranch 53 Cattle Dip Road, Tsuut'ina Nation T3T 0A8 Email: dhranch44@gmail.com Telephone: 639-205-7742 www.dhranch44.com



DH RANCH

DODGINGHORSE RANCH INC.

Youth Empowerment Program

PLEASE READ CAREFULLY: By signing this Waiver, you, your family and representatives give up the right to sue in certain circumstances.

PARENTAL CONSENT, WAIVER, AND RELEASE OF LIABILITY AGREEMENT (the "Waiver")

I, ______, am the parent or guardian of the minor participant named below (the "Participant") and do hereby consent and agree to their participation in the Youth Empowerment Program (the "Program") offered by Dodginghorse Ranch Inc. ("DH Ranch"). In consideration of the Participant's participation in the Program, I agree and acknowledge that:

1. I am fully aware of the activities that the Participant may choose to undertake as a part of the Program which includes but is not limited to:

•interacting with horses and other domesticated animals, including but not limited to riding, feeding, grooming, and caring for horses, goats, cattle; and

·participating in other outdoor/indoor activities in a ranch setting.

2. Participation in the Program may present risk of loss, personal injury and/or death to participants, and that any loss, personal injury, and/or death may result from the Participant's own actions taken in connection with the Program or their own negligence, the negligence of DH Ranch, or its officers, directors, employees, contractors, volunteers, agents, or assigns (collectively, the "Releasees") or uncontrolled environments or hazards, both natural and unnatural.

3. I irrevocably and voluntarily assume any and all risk of loss, personal injury, and/or death on behalf of the Participant while they are participating in the Program, and irrevocably, voluntarily, and unconditionally waive any and all actions, causes of action, costs, expenses (including legal and medical fees), claims, and demands whatsoever in law that I, my executors, administrators, successors, assigns, heirs, and personal representatives ever had or now have or may have in the future against the Releasees for any loss, personal injury, and/or death that may result directly or indirectly from, or arise out of, the Participant's involvement in the Program, whether or not caused by negligence, breach of contract, or breach of any duty of care owed to the Participant on the part of the Releasees.

DH RANCH

4. In carrying out any activities as the Participant in the Program, I agree that the Participant will follow and carry out all instructions and directions of the Releasees.

5. I hereby voluntarily indemnify and hold harmless the Releasees from and against any and all claims, suits, damages, demands, causes of action, costs, losses, liabilities, and expenses (including legal and medical fees) of any nature or kind that may be brought against the Releasees, or any of them relating to, arising out of, or in any way connected with the Participant's involvement in, and the application of the skills learned from, the Program or any injury, loss, or damage, whether or not caused by the negligence of any of the Releasees.

6. By signing this Waiver I acknowledge the contagious nature of COVID-19 and I agree that the Releasees cannot guarantee the Participant's safety from COVID-19 or other risks of injury or other illness. I do hereby freely, voluntarily, and without duress agree to assume the risks that the Participant may be exposed to by participating in the Program, including but not limited to the risk of becoming infected by COVID-19 or any other communicable disease.

7. This Waiver shall be governed exclusively by the laws of the Province of Alberta and each party hereto irrevocably attorns to the jurisdiction of the courts of Alberta.

8. I agree that this Waiver shall remain in full force and take effect without change and that participation in the Program is pursuant to the terms of this Waiver, and if any provisions in this Waiver are found to be unenforceable, the remaining provisions will continue to be legally enforceable.

I have CAREFULLY READ this Waiver, acting freely and voluntarily, and I am not relying on any other oral or written representations or statements made by, or on behalf of, the Releasees to induce participation in the Program. I am aware that by signing this Waiver, I am waiving certain legal rights which I or my heirs, executors, administrators, assigns, and representatives, either in our own right or on behalf of the Participant, may have against the Releasees.

SIGNED this ____ day of _____, _____,

Printed Name of Participant (Under 18 Years of Age)

Signature of Parent of Guardian

Printed Name of Parent or Guardian

