

**RIDERS UNDER 18 MUST HAVE PARENT OR GUARDIAN COMPLETE AN SIGN BELOW**

**IN CONSIDERATION** of being permitted to enter for the purpose of recreational **trail riding**, Any area(s) owned, maintained or supervised by the Ausable Bayfield Conservation Authority (ABCA) and/or Ausable River Riders Club (ARRC), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. a) I/we fully understand and acknowledge that:
  - i) there can be risks and dangers associated with participation in **trail riding** which could result in injury and/or property damage.
  - ii) the social and economic loss and/or damages, which could result from those risks described above.
  - ii) these risks and dangers may be caused by the action, inaction or negligence of the participant, or the action, inaction or negligence of others, including, but not limited to the releasees named below.
  - iv) there may be other risks not known to us or that are not reasonably foreseeable at this time.
- b) I/we accept and assume full responsibility for any risk or bodily injury or property damage, however caused and whether caused in whole or in part by the negligence of releasee named below, or otherwise.
- c) I/we release, waive, discharge and covenant not to sue the ABCA or ARRC, its directors, officers, agents and employees all for the purposes herein referred to as releasee, from all liability of the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all loss or damage, and may claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the use of the ABCA area(s) whether caused by the negligence of the releasee or otherwise.
- d) On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this waiver and release. If despite this release, the participant makes claim against any of the releasees, the parent(s) and/or legal guardian(s) will reimburse the releasees and their insuring company for any money which they may have paid to the participant, or on behalf, and hold them harmless.
- e) I/we have read the above waiver and release of liability, and understand that I/we have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant (Print Name)

\_\_\_\_\_  
Address                      Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature(Print Name)