

**Acceptance of Risk and Liability Waiver**

I request permission for (Rider Name)\_\_\_\_\_to participate in horseback riding and other equestrian related activities at Rolling Hills Stables Ltd.

I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I wish to allow myself/my child to participate in these activities knowing that they are dangerous. I accept and assume all risk of injury (including death) to myself/my child or my property. I represent and warrant that I have authority to give this release.

In exchange for myself/my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians and legal representatives, I release and agree not to make any claims of any kind against Rolling Hills Stables Limited or officials, servants, employees, representatives, officers and directors of Rolling Hills Limited, for any injury arising out of my own or my child's participation in these dangerous horseback riding or related activities.

I acknowledge that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Date: \_\_\_\_\_

|   |
|---|
| Signature:  |
| Signature of parent or guardian:<br>(if rider is under 18 years of age) |

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