Print	nt Name:	Date:	
HCBC#:			
		N ACTIVITIES EASE OF LIABLILITY	
(VIMI		vay in the <u>Vancouver Island Miniature Horse Club</u> vities, the undersigned acknowledges, appreciates, and	
1.	· ·	this program is significant, including the potential for cular rules, equipment, and personal discipline may xist; and,	
2.		ISKS, both known and unknown, EVEN IF ARISING FROM and assume full responsibility for my participation and,	
3.	however I observe any unusual significant hazar	customary terms and conditions for participation. If, and during my presence or participation, I will remove attention to the nearest official immediately, and,	
4.	I. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS <u>VIHMC</u> , their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.		
TERMS	IVE READ THIS RELEASE OF LIABILITY AND ASSUMPT MS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTAN UNTARILY WITHOUT ANY INDUCEMENT.	ON OF RISK AGREEMENT, FULLY UNDERSTAND ITS TIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND	
x	Date	e Signed:	
x	WITNESS'S SIGNATURE	C OF MINIODITY A CE	
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)			
his/he and ag	her release as provided above of all Releasees, and agree to indemnify the Releasees from any and all lacicipation in these programs as provided above.	ponsibly for this participant, do consent and agree to for myself, my heirs, assigns, and next of kin, I release tabilities incident to my minor child's involvement of	
x	PARENT/GUARDIAN'S SIGNATURE	EMERGENCY PHONE NUMBER	
x	WITNESS SIGNATURE	DDINT WITNESS NAME	
	WITNESS SIGNATURE	PRINT WITNESS NAME	