

PERSONAL LIABILITY WAIVER

Find Your North (herein known as FYN) provides services in Equine-Guided Personal Growth and is committed to your safety while participating in their programs. However, due to the nature of the work with horses, there is a possibility that **unexpected events** may occur that are beyond the control of the facilitator(s). Please read and initial the following clauses and sign confirming your understanding and agreement to the terms of this waiver prior to beginning any equine activities.

Initial Below	Terms of Waiver
_____	1. I understand that being around horses entails inherent DANGERS, HAZARDS AND RISKS (collectively called " RISKS ") associated with equine activities and injuries resulting from these risks are a common occurrence.
_____	2. I acknowledge that the inherent RISKS of equine activities means those DANGEROUS conditions which are an integral part of equine activities including but not limited to: <ul style="list-style-type: none"> a. The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects b. The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects, c. The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or maintain control over an equine.
_____	3. I freely accept and fully assume all responsibility for the inherent RISKS and the possibility of personal injury, death, property damage or loss resulting from my participation in equine activities .
_____	4. By participating I agree to do so at my own risk . I know that my agreement operates to exclude liability for any loss, damage, injury or expense that I may suffer as a result of my participation due to any cause whatsoever, including any negligence on the part of Find Your North .
_____	5. I Acknowledge that it remains my Sole Responsibility to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits .
_____	6. I understand that any information offered during sessions is only advice and not treatment or cure for any disease, disorder or condition and is not intended to replace advice given to me by doctor or other qualified health care professional.

Name of Participant _____ Date of Birth _____

Name of Guardian if participant is under 18 years _____

Address _____

City _____ Province _____ Postal Code _____

I understand that my signature on this document confirms my complete understanding of all clauses and that by signing this form below I am waiving certain legal rights that I, or my Legal Representatives might have against Find Your North.

Signature of Participant/Guardian _____ Date _____