RECOGNITION AND ACCEPTANCE OF RISKS
DISCLAIMER OF LIABILITY FORM
EQUESTRIAN ACTIVITY PARTICIPANT

VERSION 2 - 09/7/2020

FOR THE USE OF THE ORGANIZER

EQUESTRIAN ACTIVITY ORGANIZER

Company, organization or club: Association Québécoise Quarter Horse

Address: 18340 rue Gauthier, Bécancour, Québec, G9H 1B9

Organizer Representative: Simon Bussières

Phone Number: (418) 873-3197

Email Address: aqqhinfo@gmail.com

Hereinafter referred to as **"Organizer"**

EQUESTRIAN ACTIVITY

Name of equestrian activity: Circuit du président

Description: Quebec Quarter Horse president circuit at Complexe équestre de Bécancour

Address: 3625 rue Albatros, Bécancour, Québec, G9H 3Y2

Date: Fromjuly22to25thwitharrivalonjuly20and21st2021

Hereinafter referred to as **"Equestrian activity"**

PARTICIPANT

Name: _____

Role: _____

Address: _____

Phone Number: _____

Email Address: _____

Hereinafter referred to as **"Participant"**

> Acknowledgement of risk linked to the practice of equestrian activities

I recognize that participating in equestrian activities involves the inherent risk of serious injury.

Due to the evolving nature of the current situation concerning the pandemic updates could be made.

> Acknowledgement of risk concerning COVID-19 [1]

The new coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

The participant commits to comply with the requirements and recommendations of Quebec's Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, the organizer cannot guarantee that no person will become infected with COVID-19. Further, participation in this equestrian activity could increase the participant's risk of contracting COVID-19, despite all preventative measures put in place.

By signing this document,

1. I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I could be exposed or infected by COVID-19 due to my participation in the equestrian activity offered by the organizer. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.
2. I declare that I am participating voluntarily in the organizer's equestrian activity
3. I declare that neither I nor anyone in my household, have experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing).
4. If I experience, or if anyone in my household experiences any cold or flu-like symptoms after submitting this declaration, I will not attend or participate in the organizer's equestrian activity until at least 14 days have passed since those symptoms were last experienced.
5. I have not, nor has anyone in my household, travelled to or had a lay-over in any country outside Canada in the past 14 days. If I travel, or if anyone in my household travels, outside Canada after submitting this declaration, I will not attend or participate in the organizer's equestrian activity until at least 14 days have passed since the date of return.

> Disclaimer of Liability

I undertake to indemnify and/or hold harmless without restriction Cheval Québec [2] and its affiliated associations, the organizer and the host when applicable from all liability for any damage, injury, illness, affection and loss arising from my participation in the equestrian activity offered by the organizer. The undersigned, in his name or that of his child and / or pupil, recognizes that he is physically and emotionally capable of being involved in the equestrian activity offered by the organizer.

IN WITNESS WHEREOF, I SIGN THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

Name of participant (block letters)	Name of parent/legual guardian (if the participant is a minor or cannot legally agree)
Signature of participant	Signature of parent/legual guardian

Signed in _____ on the _____ th day of _____ 2021.

[1] This section will remain in effect until the organizer, per the direction of the provincial government and provincial health officials, determines that the acknowledgments in this declaration are no longer required.
[2] Equestrian Canada has delegated to Cheval Québec, for the province of Quebec, responsability for administrating competitions for certains levels according to their rules and requierements. Cheval Québec cannot, in any case, be held responsible for its sanctioning role.

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