Minor Parti	icipant's Name:	D	ate of Birth:		
Minor's Address:		City:	Province:	Postal:	
Guardian's	Name:	D	ate of Birth:		
Guardian's Address:					
The Gua	ardian must Read and Unders	stand the following prior to the	Minor Participating in Eq	Juine Activities	
TO: Star	flower Stables, their directors, emp	ployees, officers, volunteers, busines referred to as the HOST)	s operators and site property o	wners (all hereto	
	Initial Each item	below After Reading and Unde	erstanding the item:		
1.	I am the Parent and/or Legal Guardian of the Minor Participant named above and am executing this form on behalf of the Minor Participant in my capacity as Parent and/or Guardian and with the intent that this for be binding on myself and Minor Participant for all legal purposes.				
2.	 I Understand there are Inherent Dangers, Hazards and Risks, (collectively called RISKS) associated with Equine Activities and injuries resulting from these RISKS are a common occurrence. 				
3.	 I Acknowledge that the Inherent RISKS of Equine Activities mean those Dangerous conditions which are an integral part of Equine Activities, including but not limited to: The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and potentially collide with, bite or kick other animals, people or objects. The unpredictability of an equine's reaction to such things as sounds, sudden movements, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects. 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 to maintain control over an equine. 				
4.	I freely accept and Fully Assume All Responsibility for the inherent RISKS and the possibility of personal injury, death, property damage or loss which might result from the Minor being a Participant.				
5.	5. I Acknowledge that it remains my Sole Responsibility for the safety of the Minor Participant and for the Minor to Participate within his/her own limits.				
Before sign	 6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my LEGAL REPRESENTATIVES) agree: To Waive All Claims that I or the Minor Participant might have against the HOST; and To Release the HOST from Any and All Liability for any loss, damages, injury or expense that I, the Minor Participant or our LEGAL REPRESENTATIVES might suffer as a result of the Minor's Participation due to any cause whatsoever including any NEGLIGENCE ON THE PART OF THE HOST; and To HOLD HARMLESS AND INDEMNIFY THE HOST from any and all liability for property damage or personal injury to the Minor Participant or to any third party which might result from the Minor's Participation. Before signing this form I acknowledge that I have read it (as indicated by my initials above) and I state that I understand it. I further state that I am aware that signing this form waives certain legal rights I and/or the Minor Participant and/or our LEGAL 				
	e that I am aware that signing this ENTATIVES might have against the		I/or the Minor Participant and/	or our LEGAL	
	Do Not S	Sign Until You Understand All I	tems Above		
	SICNED This	day of	20		

(Signature of Parent/Guardian)

(Signature of Participant)

(Print name of HOST Witness)

(Signature of HOST Witness)