

Riding Arena Pass for Exhibition Park
Valid for: November 1 – October 31 Annually



Name: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ ***** Email: _____**

So we may send you updates on upcoming activities

Fax Number: _____

Suggestions for events and or other equine activities or clinics: _____

*We welcome guest riders! A pass holder **must** accompany guests and it is the pass holder's responsibility to ensure the guest stops and pays at the office **prior** to riding and pays the \$20.00 (incl. GST) fee and signs a waiver. If you are riding after office hours, there are blank waivers in the Riding Arena folder by the light switches.*

Please Check One	Type of Pass	Price From October 1 - October 31	Price After October 31	Monthly Price	Amount Owning
_____	Annual Single	\$236.25	\$273.00		
_____	Annual Family	\$378.00	\$414.75		
_____	Monthly Single			\$105.00	
_____	Monthly Family			\$136.50	_____
_____ holder)	Daily Pass	\$20.00 (Guest accompanied by current pass			
				SUBTOTAL:	_____
	Gst is included in all riding passes			TOTAL	_____

ENCLOSED:

My Family Riding Pass includes the following riders: (Note that a family pass is for your immediate family members only that reside at the same residence)

Name	Relationship	Age

Please note that all minors, 18 years and under, must be accompanied by a parent or responsible adult at all times when using the facilities at Exhibition Park. Please fill out the waiver for each person covered under the Riding Pass. Stay safe, have fun, and remember to never ride alone.

Visit our website for more information www.coldlakeag.com or call 780-594-0667

Signature

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages howsoever caused.

Cold Lake Agricultural Society (The Company) and its directors, officers, employees, representatives and agents, (collectively called "the agents").

I _____ (Print Name) hereby sign this agreement on behalf of myself, my personal representative, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by The Cold Lake Agricultural Society and or the **Agents including, but not limited To: Equine Activities.** Collectively referred to as: the activities) and in further consideration of "the company" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement, (the agreement). I acknowledge that "the activities" involve inherent risks and dangers that may cause serious injury and possible death to participants.

2. I fully understand the risks and dangers associated with my participation in "the activities" and accept same entirely at my own risk.

3. I hereby waive any and all claims which I may have against The Cold Lake Agricultural Society and "the agents" and release the Cold Lake Agricultural Society and "the agents" from all liability for injury, death, property damage or any other loss sustained by me as a result of my participation in "the activities", due to any cause whatsoever: including negligence, breach of contract, or breach of any statutory or other duty of care by the Cold Lake Agricultural Society and/or "the agents".

4. I appreciate that "the agreement" limits the liability of "the agents" to the same extent as it limits the liability of "the Cold Lake Agricultural Society", even though "the agents" are not formal parties to "the agreements"

I AM 16 YEARS OF AGE OR OLDER AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE Cold Lake Agricultural Society" AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD/WARD.

WITNESS

SIGNATURE PARTICIPANT or PARENT/GUARDIAN

DATE

PRINT NAME

PRINT NAME OF CHILD/WARD

YOUR EMAIL _____

YOUR PHONE NUMBER _____