

EQUESTRIAN ACTIVITIES

WAIVER AND RELEASE OF LIABILITY

COVID - 19

Whereas:

A. British Columbia Quarter Horse Association ("**BCQHA**") is a Society, registered with the Registrar of Companies for British Columbia under No. S-0041873 in accordance with the Society Act of British Columbia and has multiple zones within the Province of British Columbia. Each Zone ("**Zone**") has its own Board of Directors and officers for operational purposes, but they exist as a Zone of BCQHA and not as separate entities.

While BCQHA has implemented safety protocols to reduce the spread of Covid-19, attending a horse show where there are multiple participants increases the risk of contracting Covid 19.

In consideration of the undersigned (the "**Releasor**") being allowed to participate in any way in any event, activity or program hosted, organized, sponsored, or promoted by BCQHA or any Zone, or in any event in which BCQHA or any Zone is participating or involved with (collectively the "**Events**"), the undersigned Releasor hereby acknowledges, appreciates, and agrees that:

1. I acknowledge the contagious nature of the Coronavirus/COVID-19 ("**Covid-19**") and the danger to my health should I contract Covid-19.
2. I further acknowledge that:
 - (a) Health Canada and the Ministry of Health for the Province of British Columbia (collectively the "**Health Ministries**") and many other public health authorities still recommend practicing social distancing, frequent hand washing or use of hand sanitizer, and the wearing of a face mask ("**Mask**") when social distancing cannot be practiced in order to prevent the spread of Covid-19;
 - (b) the Lower Mainland Quarter Horse Association ("**LMQHA**"), a Zone of BCQHA, has put in place preventative measures to attempt to reduce the spread of COVID-19 during its upcoming horse show ("**Horse Show**") but it is up to the individuals attending to practice the appropriate safety measures;
 - (c) neither BCQHA nor LMQHA can guarantee that I will not become infected with Covid-19 while attending a Horse Show;
3. I understand that the risk of becoming exposed to and/or infected by COVID-19 while at the Horse Show may be significant and such exposure may result from the actions, omissions, or negligence of myself and others, including, but not limited to, show staff, show participants and their families.
4. I confirm that I am voluntarily attending the Horse Show to be hosted by LMQHA at Maple Ridge Equestrian Center on September 26 and 27, 2020 and acknowledge that by attending the Horse Show I may be increasing my risk to exposure to COVID-19;
5. I acknowledge that I am aware that if I contract Covid-19 it can be life threatening;
6. I acknowledge that I must comply with all set procedures to reduce the spread while attending the Horse Show or any other horse show or event hosted by LMQHA;
7. I agree to wear a Mask covering my nose and mouth at all times on the show grounds, including the warmup ring (except when in the show pen or when eating at an exhibitor's stall or trailer);

8. I consent to any show official taking my temperature at the time of arrival at the Horse Show and at any other time during the Horse Show that LMQHA deems appropriate;
9. I affirm that:
- (a) I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell (collectively, “**Symptoms**”);
 - (b) I have not travelled internationally within the last 14 days and will not travel internationally within 14 days of the date of the Horse Show;
 - (c) I have not traveled to any highly impacted area within Canada or the United States of America in the last 14 days;
 - (d) I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19;
 - (e) I have not been diagnosed with Covid-19, or, if I have been diagnosed with Covid-19, I have been cleared as noncontagious by provincial or local public health authorities;
 - (f) I am following the Health Ministries recommended guidelines as much as possible in order to limit my exposure to Covid19;
 - (g) If I am experiencing any of the Symptoms on or before the Horse Show I will not attend the Horse Show and I will advise the Show staff if I experience any Symptoms while at the Horse Show and leave the show grounds immediately thereafter; and
 - (h) If I am diagnosed with Covid-19 within 14 days after attending the Horse Show I will immediately notify LMQHA and, where possible, I will provide assistance to LMQHA as may be required for contact tracing.

I hereby release and agree to hold BCQHA and LMQHA and each of their Members, Directors, Officers and employees harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of BCQHA or LMQHA, or that may otherwise arise in any way in connection with my attendance at the Horse Show.

I understand that this release discharges BCQHA and LMQHA from any liability or claim that I, my heirs, or any personal representatives may have against BCQHA and LMQHA, including their Members, Officers and Directors, with respect to any bodily injury, illness, death or medical treatment which may arise from, or in connection to, any exposure to Covid-19 which may occur as a result of my attendance at the Horse Show. This liability waiver and release extends to BCQHA and LMQHA together with all directors, officers, members, show managers and other employees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT BY BCQHA and LMQHA, its Officers, Directors or Members, or any Zone.

DATED: _____

WITNESS:	
----------	--

Signature of Witness: print name and address	Signature of Releasor Print name: Address of Releasor: Phone No.
---	---

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 19 AT TIME OF REGISTRATION)

This is to certify that I, _____, of _____

_____ (insert name and address of parent/guardian) as parent/guardian with legal responsibility for _____ (print name of minor) ("Participant"), do consent and agree to the release of the Releasees, as defined above, on behalf of the Participant and for myself, my heirs, executors, administrators, and assigns, I hereby release and agree to indemnify, protect, hold harmless and defend the Releasees from any and all liability, arising out of any incident arising out of the Participant's involvement or participation in any of the Events as defined above.

DATED: _____

WITNESS:	
Signature of Witness: print name and address	Signature of Parent or Guardian of Parent Print name: Address: Phone No.