

RISK RECOGNITION AND ACCEPTANCE FORM

1) BUSINESS RISKS

I acknowledge that I have been made aware of the risks inherent in the activities that are part of the Winslow Ranch program.

The risks of **the balancing activity** I will participate in are, more specifically, but non-limitative:

- 1 Injuries due to falls or other movements (sprains, strains, fractures, etc.);
- 2 Blunt or sharp injuries (branches, equipment, etc.);
- 3 Cold or hypothermia in winter or cold temperatures
- 4 Injuries resulting from accidental or accidental contact between individuals; between horses
- 5 Allergies
- 6 Contact with water or drowning (during aquatic activity or near a watercourse)
- 7 Burns or heat disorders.

Initials Please _____

Initials of parent (if under 14) _____

2) STATE OF HEALTH

Gender: _____ Age: _____ To choose your frame: Size: _____ Weight: _____ Max.250lbs

Allergy? YES/ NO _____ If so, specify: _____

Are you pregnant yet? YES/ NO _____ If so, how many months _____

Taking medication? YES/ NO _____ If yes, specify the name of the drug(s) and dosage: _____

Do you have any physical, emotional or behavioural health problems that would directly or indirectly limit you in the practice of the activity you are going to participate in? **Specify**, e.g. respiratory, cardiac, diabetes, vision, deafness, fear of horses, limited movement, etc. YES/NO _____

If so, specify: _____

Initials S.V.P. _____

Initials of parent (if under 14) _____

N.B. If you answered yes to one of the items in section 2, YOU MUST MEET WITH THE GUIDE AND SHARE IT. To be completed only if you answered yes to one of the items in Section 2After discussing it with a person in charge of the Winslow Ranch, I accept the additional risk that could lead to a possible worsening of my health. *Initials Please*

3) CONFIRMATION OF INFORMATION AND ACCEPTANCE OF RISKS

I certify that the information contained in this record is accurate to the best of my knowledge. I certify that I have not deliberately omitted relevant or irrelevant health information. I am aware that the information contained in this sheet is confidential and is intended to better plan and oversee the safety of the activities in which I will participate and that it will allow Winslow Ranch to develop a profile of its clientele. I am aware that the activities offered by the Winslow Ranch take place in potentially rugged semi-natural or natural environments that are further away from medical services. This could result in long delays during an emergency requiring evacuation, and consequently, a possible worsening of my condition or injury. Having become aware of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I have been informed of the risks inherent in the activities and I am able to undertake the activity or stay with FULL KNOWLEDGE AND ACCEPTANCE OF THE RISKS that this stay or activity may entail. I am also committed to playing an active role in managing these risks by taking a preventative approach to myself and others around me. The Guide reserves the right to exclude any person they deem to be a risk to them or the rest of the group. I understand that it is possible for me to leave this activity for one reason or **another**.

NO DRUG USE WILL BE TOLERATED. ALCOHOL LEVELS BELOW 80MG ONLY WILL BE ACCEPTED AT THE DISCRETION OF THE GUIDE.

Initials Please _____

Initials of parent (if under 14) _____

VERSO

RELEASE OF MATERIAL LIABILITY

I, the undersigned, hereby waive any claim, as well as any claim for damages for any damage to property and equipment belonging to me such as: cell, camera, hat/ cap, sunglasses, wallet, keys, etc (normal wear, loss, breakage, theft, vandalism.)

Initials Please _____

Initials of parent (if under 14) _____

EMERGENCY RESPONSE AUTHORITY I, the

undersigned, authorize Winslow_ranch to provide all necessary first aid.

I also authorize Winslow ranch to make the decision in the event of an accident to transport me (by ambulance or otherwise) to a hospital or community health facility, all, if any, at my own expense.

Initials of an adult please. _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

*****Have you visited another stable in the past week?** _____ If yes, please do not use the same clothing and boots for your visit or advise the guide to take necessary biosecurity measures

*****Where did you hear about the Ranch?** Social networks, website, tourist office, word of mouth or other?

Name of Member or Family Members (please print):

Signature: _____

Name of parent (if under 14, please print): _____

Signature of a parent: _____

Phone: _____

Signed, to Stornoway _____, the _____ 2024