

ALBERTA BARREL RACING ASSOCIATION (ABRA)  
RR 1 Bashaw AB T0B 0H0



NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF SERVICES PROVIDED: \_\_\_\_\_

I understand that I am working on horses and/or humans that are on the grounds or in attendance of the Alberta Barrel Racing Association Finals August 19-25 2019 at the Ponoka AG Events Centre, Ponoka, Alberta. **I understand this does not allow me to be working in the Calnash Ag Event Centre or Barn and if I require an Electrical Outlet I will pay additional for use of one.**

I do not hold the ABRA or the Ponoka Ag Events Centre liable for any issues related to or indirect contact with the services I am providing. By signing this form and the waiver attached, I waive all rights to hold the ABRA accountable or liable for my actions and the actions of others pertaining to the services I have provided.

I agree to pay the following Fifty Dollar (\$50) fee to the ABRA for providing services on site during the finals and thus in exchange for this fee will have my name listed on the ABRA FB page and Website as the approved offsite workers list. The last day to have these forms in and name listed in the program will be August 15 2019. Anyone submitting after August 15 2019 may be subject to additional fees and name will not be listed on the Facebook and website. Anyone not in compliance will be subject to a fine to be determined by the board of directors. Forms can be sent via email to Lynette Galloway [wlgalloway@explornet.com](mailto:wlgalloway@explornet.com)

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

\_\_\_\_\_  
ABRA – Lynette Galloway

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

This form must accompany all ABRA membership applications.  
Attaching to and forming part of Policy #: CM1000-0049

***EQUESTRIAN ACTIVITIES***

**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Alberta Barrel Racing Association equestrian program, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS Alberta Barrel Racing Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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.

X \_\_\_\_\_

PARTICIPANT'S SIGNATURE

X \_\_\_\_\_

WITNESS

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

**This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assign, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.**

X \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

EMERGENCY PHONE NUMBER

X \_\_\_\_\_

WITNESS

Date signed: \_\_\_\_\_