



Delacour Agricultural Society & Community Club

General Use Waiver

Release of Liability, Waiver of Claims and Indemnity Agreement: (Please read carefully)

WARNING: By signing this document, you waive certain legal rights, including the right to sue.

Competitors, exhibitors, owners, volunteers, agents and all other participants in activities at the Delacour Agricultural Society & Community Club Grounds must carefully read this document before signing. Participants will NOT be allowed to use the Delacour Grounds facilities without a signed waiver form (Parent or Guardian to sign for participants under 18 years of age).

There are many inherent risks resulting from dangers and conditions that are an integral part of participating in various activities at the Delacour Grounds. These risks include but are not limited to:

1. The unpredictable behaviour of equines, livestock and dogs, however caused;
2. The unpredictable reaction of animals to their environment, including sounds, sudden movement, objects, persons or other animals;
3. Natural and manmade hazards such as surface and subsurface objects;
4. Collision with objects, persons or other animals;
5. The failure of equipment, however caused; and
6. The action or inaction of other participants.

I understand and acknowledge that these risks may result in INJURY, HARM OR DEATH to the Participant or to other persons or may result in damage to property, including injury or death to the Participant's animal(s), and that these risks exist regardless of the skill level of the Participant. I also understand that the failure to wear or use proper equipment increases the possibility that these risks may result in injury or death to the Participant. Proper equipment is mandatory for participants under the age of eighteen (18) and strongly recommended for those eighteen (18) and older.

In consideration for participating in activities at the Delacour Agricultural Society & Community Club Grounds, I agree as follows on behalf of myself, or as a parent or guardian of minor Participants:

1. To hereby waive any and all claims that I have or may have in the future against Delacour Agricultural Society & Community Club, any organizing committee(s), Rocky View County, or the directors, officers, employees, agents, volunteers, or contractors of the above named organizations (collectively, the "Parties");
2. To hereby release all of the Parties from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of participation in activities at the Delacour Agricultural Society & Community Club Grounds by any Participant, including minor Participants, due to any cause whatsoever, including negligence, breach of contract, breach of any statutory or other duty of care;
3. To hereby hold harmless and indemnify all of the Parties from any and all liability for any damage to the property of, or personal injury to any third party resulting from participation in equine activities by any Participant, including minor Participants; and
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement I am not relying on any oral or written representations or statements made by any of the Parties other than what is set forth in this Agreement.

I have read and understood this Agreement. I am aware that by signing this Agreement I am waiving certain legal rights that I, my children, or our respective heirs, next of kin, executors, administrators, representatives and assigns may have against anyone or all of the Parties.

This waiver is in effect until 31st December 2022

Signed in Rocky View County in the Province of Alberta this _____ day of _____ 2022

Signature of Participant, or Parent or Guardian

AEF# or equivalent insurance policy number

Participant phone #

Name of Participant

Name of Parent or Guardian

Signature of Witness

Name of Witness

Delacour Agricultural Society & Community Club

APPENDIX TO WAIVER DURING CURRENT HEALTH CRISIS

For the safety of all our members, and user groups, we ask you to complete this self-declaration form before attending activities at the Delacour Ag Society and community club.

1	I understand the risk of coming in contact with other people during the COVID-19 global pandemic at the Delacour Grounds and that I could become infected with COVID-19 while at the Delacour Grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I agree and assume all risk and release and absolve the Delacour Agricultural Society and Community club, its affiliated officials, volunteers, offices, directors, agents, representatives and employees and the owners and occupiers of the land upon which the activity is held, from all responsibility, liability or claims I may have arising from participating in an in person activity at the Delacour Grounds during the COVID-19 pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	To your knowledge have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you experiencing any cold or flu-like symptoms, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	I understand that should such above mentioned circumstances arise I have a duty to my own club and to the Delacour Agricultural Society and community Club to not join any in person activities at the Delacour Grounds for a period of 14 days. Upon re-entry I will be required to complete a further self-declaration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	I have read, understood, and will abide by the protocols sent out by the Alberta Health Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	I have read, understood, and will abide by the reactivation plan sent out by the Alberta South Pony Clubs and my own club.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print name _____ Signature _____

(legal guardian name if members under 18)

Member name _____ Date _____

(if document is signed by legal guardian for members under 18)