

RISK RECOGNITION AND ACCEPTANCE FORM

Name of participant(s) if family (printed):

State of health

Gender: _____ Age: _____ In order to choose your mount: Height: _____ Weight: _____ Max.250lbs

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

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

Taking any 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 your ability to participate in the activity? **Specify**, e.g. respiratory problems, heart problems, diabetes, vision, deafness, fear of horses, movement limitation, etc. YES/NO _____

If yes, specify: _____

Initials _____ Initials of a parent (if under 14) _____

NB: If you answered yes to any of the items in section 2, YOU MUST MEET AND REPORT TO THE GUIDE . To be completed only if you have answered yes to any of the items in section 2After discussing it with a responsible person at Winslow Ranch, I accept the additional risk that could lead to a possible worsening of my health condition.

Initials _____ Initials of a parent (if under 14) _____

RISKS INHERENT IN THE ACTIVITIES

I acknowledge that I have been informed of the risks inherent in the activities that are part of the Winslow Ranch program. The risks of the riding activity in which I will participate are, more particularly, but not limited to:

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

Initials _____ Initials of a parent (if under 14) _____

MATERIAL LIABILITY WAIVER

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

Initials _____ Initials of a parent (if under 14) _____

CONFIRMATION OF INFORMATION AND ACCEPTANCE OF RISK

I certify that the information in this form is accurate to the best of my knowledge. I certify that I have not deliberately omitted any information about my health that may or may not be relevant. I am aware that the information contained in this sheet is confidential and intended to better plan and manage the security of the activities in which I will participate, and that it will allow Winslow Ranch to establish a profile of its clientele. I am aware that the activities offered by Winslow Ranch take place in semi-natural or possibly rugged natural environments which are therefore further away from medical services. This could lead to long delays in an emergency requiring evacuation, and therefore a possible worsening of my condition or injury. Having been 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 OF THE FACTS AND ACCEPTING THE RISKS that may be involved in this stay or activity. I am also committed to playing an active role in managing these risks by adopting a preventive attitude towards myself and others around me. The guide reserves the right to exclude any person that he or she believes poses a risk to himself or herself or to 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. AN ALCOHOL LEVEL OF LESS THAN 80 MG WILL BE ACCEPTED AND THIS IS THE GUIDE'S JUDGMENT.

Initials _____

Initials of a parent (if under 14) _____

AUTHORIZATION IN CASE OF EMERGENCY

I, the undersigned, authorize Le Ranch Winslow 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 at my own expense if necessary.

Adult initials _____

EMERGENCY CONTACT:

Name: _____ **Phone:** _____

*****Did you visit any other stables in the last 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?

Participant signature: _____

Name of a parent (if under 14 years old): _____

Signature of a parent: _____

Signed, at Stornoway , the _____ **2025** **Phone:** _____