



POWELL RIVER THERAPEUTIC RIDING ASSOCIATION

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WAIVER FOR THE USE OF FACILITIES
Sept 1st, 2024- Aug 31st, 2025

The following **MUST** be completed prior to using **ANY** of the Powell River Therapeutic Riding facilities.

I, _____ agree to the following terms and conditions for the use of the Powell River Therapeutic Riding facilities:

1. I agree to use the facilities at my own risk, including the round pen.
2. I agree to make no claim against the owners, employees, board members, or volunteers of the Powell River Therapeutic Riding Association, in the event of any damage to, or loss of personal property.
3. I agree to accept all risk that may arise as a result of participation in equestrian (or other) activity while using the facilities, and waive any claims of personal injury or loss incurred.
4. I agree, as a rider, to carry current BC Horse Council insurance and my membership number is _____. **All numbers will be verified with HCBC.**
5. I agree to exercise all reasonable care while using the facilities to prevent damage or injury to myself or others, or to Powell River Therapeutic Riding property, including wearing of an approved riding helmet while in the riding arena.
6. I agree to ensure that all lights are off, manure picked up, and doors secured and locked upon leaving the facility.
7. I agree to pay the agreed upon fee for usage of the facilities upon leaving the premises, and to book the arena at the above contact information. Cancellations must be made prior to the booking time, or the above fee will be payable before rebooking of the facility.
8. **There is absolutely no lunging, barrel racing, jumping or turning horses loose in the indoor arena.**
9. **I understand that failure to follow above protocol may result in the loss of privileges to use the facilities.**

RIDER _____ (please print name clearly)
_____ signed this _____ day of _____, 2024/25.
(*please have a witness sign **at the same time** as the rider and/or parent)

PARENT/GUARDIAN _____ (please print name clearly)
(If under 18 years of age)
_____ signed this _____ day of _____, 2024/25.

WITNESS _____ (please print name clearly)
_____ signed this _____ day of _____, 2024/25.

PRTRA REPRESENTATIVE (please print name clearly) _____
_____ signed this _____ day of _____, 2024/25.

All waivers need to be on file at the PRTRA office; please call 604-485-0177 to make arrangements for paperwork to be reviewed and filed.