

POONCARIO FIELD DAY GROUP INC.
(hereinafter referred to as "PFD")

ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK

WHIP CRACKING EVENTS

WARNING: This is an important document which affects your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask your PFD representative.

PARTICIPANT'S NAME:

ADDRESS:

PHONE EMAIL

PARTICIPANT'S AGE: (If under 18 years parent/guardian to also sign)

ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS

I ACKNOWLEDGE that participating in whip cracking is a **dangerous** recreational activity and that by participating in it I am exposed to certain risks.

I ACKNOWLEDGE AND UNDERSTAND that whilst participating in whip cracking I may be injured, physically or mentally, or may be killed. Among other things, injury or death may result from any of the following:

- . Physical injury to the participant's arm or other part of the participant's body as a result of the physical force required to be exerted in the act of whip cracking.
- . Physical injury from being struck by the participant's own whip.
- . Physical injury from being struck by the whip of another participant in the whip cracking event.

I ACKNOWLEDGE AND UNDERSTAND that whilst participating in the whip cracking activity, in addition to the personal injury and death risks referred to above, that such risks may also result in my personal property being lost or damaged.

RELEASE AND INDEMNITY TO PFD

1. I hereby agree that I participate in the activity of whip cracking at my sole risk and responsibility.
2. I hereby agree to release, indemnify and hold harmless PFD, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever. By so agreeing I acknowledge that I waive any right I otherwise have to damages for injury or death resulting from negligence, breach of contract or any other cause of action whatsoever against PFD.
3. I agree that in the event I am injured or my property is damaged I will not bring any claim, legal or otherwise, against PFD in respect of that injury or damage.
4. Before signing this document I have read and understood it and know that it affects my legal rights.

SIGNED

DATE:

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I, _____ being the parent or guardian of the person named in this Acknowledgment Release and Assumption of Risk Form **HEREBY ACKNOWLEDGE AND AGREE:**

- . I have read the whole of this document and understand it.
- . I consent to the person named in this Acknowledgment Release and Assumption of Risk Form participating in the activity of whip cracking, and
- . I am aware of the risks, dangers and obligations set out above in this Acknowledgement Release and Assumption of Risk Form.

IN CONSIDERATION OF the person named in this Acknowledgment Release and Assumption of Risk Form being accepted to participate in whip cracking **I AGREE TO RELEASE AND INDEMNIFY** PFD in the same manner and to the same effect and extent as if I were the person firstnamed in this Acknowledgment Release and Assumption of Risk Form and the person participating in whip cracking.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____