



**Prince George Agricultural and
Historical Association**

4175 18th Avenue
Prince George, British Columbia
Tel: 250-563-4096

MONTHLY RIDING PASS

Name: _____ Date of birth (if under 19): _____

Address: _____ Phone #: _____

_____ HCBC#: _____

Email: _____ (if you would like to be added to our newsletter list)

This waiver entitles the above-named person to use the Prince George Agricultural and Historical Association (PGAHA) facilities (the BCNE Ag Arena and Outer Field)

Please read and sign the waiver below. By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

To the Prince George Agricultural and Historical Association:

I acknowledge the damages and potential risk of injury including death involved in equine events. I assume full responsibility for any injury to myself or others and for any damages to my or others' property. I hereby release the PGAHA and the City of Prince George from and agree to indemnify and save the PGAHA and the City of Prince George harmless from, and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to myself or property, or to any other person or other property whereupon and/or howsoever caused, arising out of or in connection with my attendance at, or participation in sponsored events, or free riding time allotted, notwithstanding the same may have contributed to or occasioned by any act or failure to act by the PGAHA or the PGHAS' agents or the City of Prince George or its agents or employees. I hereby agree that this release shall bind my heirs, executors, administrators and assigns, and that this release waiver and indemnity shall be a continuing one that applies to all activities that I may attend or participate in the future.

I have read this waiver and understand it. Ride at your own risk.

I understand that keys, gate codes and passes are non transferrable. I have also read the PGHAS' rules as posted and understand that failure to follow PGHAS rules or other abuses of privilege may result in cancellation of my privileges and use of PGHAS' facilities.

Signature (or parent/guardian if under 19): _____

Email: pghbcne@gmail.com

Website: www.bcne.ca

Date Signed: _____ Expiry Date: _____