

COACHES TERMS

- All Coaches/Trainers must be approved by the KRC before coaching/training on KRC property.
- Coaches **MUST** submit a copy of their insurance to the KRC Coach Liaison **PRIOR** to teaching on the property.
- A **"Lesson/Ride"** is defined as a period of teaching, instruction or training on KRC property not to exceed 60 consecutive minutes for each individual student or horse.
- A **"Coach/Trainer"** is defined as any equine industry professional who provides student supervision and/or instruction and/or who provides horse training services which may or may not include student supervision or instruction. Coaches/Trainers attending or participating in public events such as shows, clinics, etc are exempt from requiring a Coach/Trainer membership.
- It is the Coach/Trainer's responsibility to ensure that all students participating in Lesson/Rides on KRC property are members in good standing with KRC.
- An Incident Report must be completed by the Coach/Trainer and delivered to the KRC Coaching Liaison within 48 hours of any event involving injury to person or animal while on KRC property and/or any damage to KRC property. **The Incident Report must include:**
 - Date and time of the event,
 - The names of the injured person and/or animal,
 - The names of the Coach and any other witnesses to the event;
 - Including a brief description of the event
- The KRC expects to implement an electronic calendar in the future in the meantime, your participation will be on the honor system.
- Coaches/Trainers earning income from teaching lessons and/or hosting events at the KRC are encouraged to participate in fundraisers and events that generate revenue solely for the benefit of the KRC (ie shows, practice events and fundraising events)..
- All students and/or participants of a Coach/Trainer using the KRC facilities must ensure that their students/participants are members in good standing (ie completed Applications with membership paid-in-full or have paid the \$25.00 drop in fee and signed the proper Release.
- All club members must be able to provide proof of membership while riding at the KRC. Please do not be offended if our caretaker or board members ask for your membership number.

VOLUNTEER HOURS

The Kelowna Riding Club is an organization dependent upon funds raised by various activities, such as horse shows, Clinics, Schooling days and camps etc. We need the funds generated by these activities in order to maintain and improve the facilities and equipment. It is each Kelowna Riding Club member's responsibility to complete 6 hours of volunteer time annually. The volunteer postdated cheque is due upon registration, at the end of the year the volunteer hours will be reconciled and for those who have **NOT** completed their volunteer hours cheques will be cashed.

Please Note: Although the Kelowna Riding Club does its best to inform members of activities where volunteers are needed, it is the responsibility of the member to contact the volunteer coordinator to arrange volunteer hour completion. krcvolunteer@gmail.com

Please select one of the following:

1. I wish to fulfill my volunteer requirements and
- ❖ I have provided a second "volunteer hours" cheque that is postdated to November 15th 2021 as an assurance that I will fulfill my commitment. If for any reason I do not provide, and have documented, all of the 6 required hours, I hereby authorize you to cash this cheque.

SIGNATURE REQUIRED: _____

2. I do **NOT** wish to contribute volunteer hours and
- ❖ I have dated my "volunteer hours" cheque for the current date and authorize the Kelowna Riding Club to cash it.

SIGNATURE REQUIRED: _____

Once you sign up for a volunteer duty, the event organizer will be depending on you to be there. All of our Directors and Event Organizers are KRC member volunteers. If you are unable to fulfill your commitment, please recruit a reliable friend as a substitute. If you do not give a reasonable notice and fail to arrive or complete your designated task, your post-dated cheque will be cashed.

****Volunteer records will be kept with the Volunteer coordinator.****

Please indicate areas in which you would be willing to volunteer:

Leadership Roles: (Organizing, Managing)	Supportive Roles: (work crews, Running around)
<input type="checkbox"/> Show Committee	<input type="checkbox"/> Spring or Fall Hunter/Jumper or Dressage
<input type="checkbox"/> Board Member	<input type="checkbox"/> Show Support: on-site assistance during event
<input type="checkbox"/> Fundraising / Sponsorship	<input type="checkbox"/> Spring or Fall Clean-Up: Grounds/Leaf Clean-Up/Painting
<input type="checkbox"/> Spring Hunter/Jumper Show Committee	<input type="checkbox"/> Clubhouse Cleaning Crew
<input type="checkbox"/> Sub-Committee	<input type="checkbox"/> KRC Clinic Crew
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____



This form has to be signed by all members, staff, competitors, volunteers, parents, trainers, etc.
Health and Wellness Self-Declaration Form:

Name: _____ **Date of Birth:** _____
First, Last (mm/dd/yyyy)

Home Address: _____

Email Address: _____ **Cell Phone:** _____

This declaration is for the entirety of the aforementioned event. If, during the course of the event, your answers to any of the questions below changes it is your responsibility to inform KRC and/or Show Management accordingly and to complete an updated Self-Declaration Form.

Please circle the answers below.

1. I agree to adhere to the BC Ministry of Health Guidelines for the COVID-19 Global pandemic. **YES – NO**
2. Do you understand the risks of coming into contact with other people at KRC during the COVID-19 global pandemics? **YES – NO**
3. Do you agree to waive all liability and to indemnify KRC, KRC Board, Equestrian Canada and Horse Council of British Columbia for damages that may be incurred as a result of any misstatements in the self-declaration. **YES – NO**
4. Do you agree to monitor own temperature each morning prior to entering the KRC property and KRC show grounds. **YES - NO**
5. To your knowledge, have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 21 days. **YES – NO**

If you answer YES to question #5 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.

6. Have you or anyone in your household experiences and cold or flu like symptoms in the last 21 days (including but not limited to: fever, cough, sore throat, reparatory illness, shortness of breath or difficulty breathing?) **YES – NO**

If you answer YES to question #6 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.

7. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane within the last 21 days? **YES – NO**

If you answer YES to question #7 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.

8. Have you or anyone in your household returned from any destination outside of the province of British Columbia or travelled in an airplane within the last 21 days? **YES – NO**

If you answer YES to question #8 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.

9. Do you agree to inform KRC in the event that, within 14-day period following this competition, you or someone in your household experiences any colds or flu like symptoms for the purpose of anonymous contract tracing? **YES - NO**

10. Do you understand that should circumstances arise you have a duty to KRC to refrain from entering the premise until a period of 21 days have passed? **YES – NO**

Signature: _____ Date: _____

If person's names on this form is under the age of 18, this form must be signed by a parent or legal guardian, and the information below completed.

Name of Parent/Legal Guardian: _____ Signature: _____



ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: **Kelowna Riding Club, 3745 Gordon Drive, Kelowna, BC V1W 4M8**, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Participant Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

Provincial Equine Membership Number: _____ Reason for Signing: _____

(Signature of Participant) Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness) Signed this _____ day of _____, 20____