

ENGAGEMENT FORM EQUESTRIAN ACTIVITY HOST

Must be returned to the NEW BRUNSWICK EQUESTRIAN ASSOCIATION

FOR THE USE OF THE ORGANIZER

EQUESTRIAN ACTIVITY ORGANIZER

Company, organization or club: _____

Address: _____

Organizer Representative: _____

Phone Number: _____

Email Address: _____

Hereinafter referred to as "Organizer"

EQUESTRIAN ACTIVITY

Name of equestrian activity: _____

Description: _____

Address: _____

Date: _____

Hereinafter referred to as "Equestrian activity"

EQUESTRIAN ACTIVITY HOST

Company, organization, stable or club: _____

Address: _____

Host Representative: _____

Phone Number: _____

Email Address: _____

Hereinafter referred to as "Host"

> Commitment concerning the organization of the equestrian activity

The host agrees to comply with all the regulations applicable to the organized equestrian activity.

> Engagement concerning COVID-19 ¹

The new coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

The host, including its employees, commits to comply with the requirements and recommendations of New Brunswick's Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, neither the New Brunswick Equestrian Association nor the organizer can guarantee that no person will become infected with COVID-19. Further, hosting this equestrian activity could increase people's risk of contracting COVID-19, despite all preventative measures put in place.

> Disclaimer of Liability

The host undertakes to indemnify and/or hold harmless without restriction the New Brunswick Equestrian Association and its affiliated associations and the organizer from all liability for any damage, injury, illness, affection and loss arising from the organization and holding of the equestrian activity offered by the organizer.

IN WITNESS WHEREOF, THE REPRESENTATIVE OF THE HOST SIGNS THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

Name of host representative

Signature of host representative

Signed in _____ on the _____ th day of _____ 2020.

¹ This section will remain in effect until the organizer, per the direction of the provincial government and provincial health officials, determines that the acknowledgments in this declaration are no longer required.

Please return to the New Brunswick Equestrian Association at nbeaeditor@gmail.com