



VDRRC 2018 Rental Overview

All Renters must provide proof of \$5 million 3rd party liability insurance (HCBC membership is sufficient).

ALL Participants, in all equine-related activities on VDRRC grounds, must provide proof of current HCBC membership (or provincial equivalent providing \$5 million personal liability insurance.)

Daily Fees		
	Non-Member	Member
Clubhouse only	\$100.00	\$80.00
1 Ring	\$100.00	\$80.00
2 Rings	\$150.00	\$120.00
3 Rings	\$250.00	\$200.00
Stalls (52) and covered pens (8)	\$25.00	\$20.00
Open Pens (16)	\$15.00	\$10.00
Stall rental includes shavings. Stalls must be stripped after use or a \$20.00/stall fee will be charged by the VDRRC for stripping the stalls.		

Tack Shop ring 110'x215' Priscilla/Remax ring 200'x300' Greenhawk ring 140'x300'

Ring maintenance is done before the event. Additional harrowing/watering may be arranged in advance through the VDRRC at an additional cost.

If requested, and available, the Club may be available for set up the evening before your function. In addition, if the Club is not booked the day following, you will have until 12:00 noon to vacate the stalls. Please refer to the **Rental Agreement** for additional information.

Terms:

1. A 50% deposit is due upon filling out the rental agreement. This deposit is refundable with a minimum of seven (7) days' notice. Full rental fees to be paid within one (1) week of event.
2. A clean-up/damage deposit of \$250 is required on a separate cheque at the time of booking.

THANK YOU



Rental Agreement for the Vernon District Riding Club Facilities 8408 Aberdeen Road, Coldstream, BC

Rules and Regulations of the Club

1. The Renter must comply with all policies, bylaws, and Fire Regulations as set down by District of Coldstream, Coldstream Fire Department and the Vernon District Riding Club.
2. All renters must provide proof of \$5 million 3rd party liability insurance (HCBC membership is sufficient).
3. ALL participants, in all equine-related activities on VDRC grounds, must provide proof of current HCBC membership (or provincial equivalent providing \$5 million personal liability insurance.)
4. The renter is responsible for obtaining copies of the HCBC membership (when applicable) from all participants.
5. The renter is responsible for ensuring that the appropriate (junior or senior) VDRC liability waiver is completed for each participant.
6. A holder of a current standard first aid (or higher) certificate must be present during the activities.
7. If alcohol is to be served on VDRC property, Provincial BC Liquor License must be obtained. The License must be posted at the time of the event at the facility. Event liability insurance (alcohol) is also required.
8. Ring maintenance is done before the event. Additional harrowing/watering may be arranged in advance through the VDRC at an additional cost.
9. All equipment (jumps, chairs, tables, dishes etc) must be returned and put away after use.
10. Clubhouse, including kitchen, must be left clean and tidy with everything put away. Floors must be swept and ready for washing. All garbage is to be collected, bagged and left in the shop.
11. If any damage occurs to equipment (including jumps) or clubhouse we ask that you notify **Linda Edwards** at **250-542-9953** or **250-307-3266** immediately.
12. A 50% deposit is due upon filling out the rental agreement. This deposit is refundable with a minimum of seven (7) days notice. Full rental fees to be paid within one (1) week of event.
13. A clean-up/damage deposit of \$250 is required on a separate cheque at the time of booking.
14. All set up and take down must be done on the appropriate rental dates, unless otherwise arranged and authorized by a Vernon District Riding Club Representative.
15. Please fill out the VDRC Facility Rental Request Form.
16. The Board of Directors of the VDRC reserves the right to levy alternative rental rates at their discretion.

I hereby agree to the above Rules and Regulations, and assume responsibility for myself and/or my organization for any and all damages to the rental facility.

Please Print Clearly

Name _____ Club/Association _____

Address _____ City _____ Province _____ Postal _____

Phone # (_____) _____ Email _____

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

(Print Name of Witness to Signing and Initialing) Signed this _____ day of _____, 20____



VDRRC Facility Rental Request Form

Renter's Name: _____
 Club Name: _____
 Function: _____
 Date(s): _____
 Copy of HCBC card **and** Proof of \$5 million 3rd party liability insurance attached _____

Facility		Daily Fees		# of Days	Fee	
		Non-Member	Member			
Clubhouse only:		\$100.00	\$80.00			
Rings:	1 ring	\$100.00	\$80.00			
	2 rings	\$150.00	\$120.00			
	3 rings	\$250.00	\$200.00			
Subtotal:						
Stabling					Request	Actual
	Non-Member	Member	# of Stalls	# of Days	\$	\$
Stalls & Covered Pens:	\$25.00	\$20.00			\$	\$
Pens:	\$15.00	\$10.00			\$	\$
Subtotal:					\$	\$
Watering/Harrowing:	\$25.00/time	# Requested			\$	\$
Total:					\$	\$
Deposit: (50% of total due at time of booking)					\$	
Balance Owing: (Due within one (1) week of use)					\$	
Clean-up/damage Deposit: due at time of booking) (Separate Cheque)					\$250.00	
Amount Owing or Refund on Stabling						\$

Make cheques payable to: Vernon District Riding Club (**no postdated cheques accepted**)

Please Mail to:

Linda Edwards, 200 Country Estates Dr., Vernon BC V1B 2V2
 250-542-9953 or 250-307-3266

Please Retain a Copy for Your Records

For Office Use Only			
Date Received	_____	HCBC # (photocopy):	_____
50% deposit	_____	Cheque #	_____
\$250 damage deposit	_____	Cheque #	_____
Ring(s) Requested:	_____		

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: the **Vernon District Riding Club**, 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 trail rides, pack trips and riding instructions 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.
- _____ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, 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".

Please Print Clearly

Print - Participant Name _____ Date of Birth _____ dd/mm/yy

Address _____ City _____ Province _____ Postal _____

Phone # (_____) _____ Email: _____

_____ Signed this _____ day of _____, 20____

(Signature of Participant)

(Print Name of Witness to Signing and Initialing)

_____ Signed this _____ day of _____, 20____

(Signature of Witness)

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

Participants **Under the Age of Majority** in the Prov. or Territory in which the Equine Activities are provided by the Host

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

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant 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 on behalf of the Infant Participant named below with and for the benefit of; the **Vernon and District Riding Club**, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- _____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
- _____ 2. I am aware that there are inherent dangers, hazards and risks ("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; and
 - (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.
- _____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- _____ 4. 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 on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) To waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" 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 the Infant's participation in "Equine Activities".
- _____ 6. 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".
- _____ 7. 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 the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Print - Infant Participant's Name _____ Date of Birth _____ (dd/mm/yy)

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____ (dd/mm/yy)

Address _____ City _____ Province _____ Postal _____

Phone # (_____) _____ Email: _____

_____ Signed this _____ day of _____, 20 _____

_____ Signed this _____ day of _____, 20 _____

(Signature of Parent/Guardian of Infant Participant)

(Print Name of Witness to Signing and Initialing)

(Signature of Witness)

