## EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name:
Name:Address:
Telephone:
I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by
(Name of Stable Facility or
Owner) ("Owner") Whose address is
IMPORTANT NOTICE
BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT (Name of Stable, Facility or Owner)
(Name of Stable, Facility or Owner)
READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.  By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:
<ul> <li>Bites, kicks, abrasions or contusions from horses.</li> <li>Being thrown or bucked off by horses.</li> <li>Scratches or other injury from stalls or enclosures.</li> <li>Scratches or other injury from grooming tools and other equine equipment and tack.</li> <li>Allergic reactions to animals, hay, or other allergens.</li> <li>Tripping in holes or on materials or equipment.</li> </ul>
(Initial) CONTINUED ON PAGE 2

Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards. I hereby specifically forever waive and release (Name of Stable, Facility or Owner) and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of (Name of Stable, Facility or Owner) \_\_\_\_\_\_, its principals and agents. (Initial) By signing this agreement I hereby acknowledge that although there may be supervision during mv time spent at (Name of Stable. Facility \_\_\_\_, there will not be a nurse on the premises and (Name of Stable, Facility or Owner) and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless (Name of Stable, Facility or Owner) and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at (Name of Stable, Facility or Owner) or any acts or Facility of Stable, omissions of (Name Owner) or principals or agents. By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in activities at (Name of Stable, Facility or Owner) , without restriction, without liability to (Name of Stable, Facility or Owner) its principals or agents, and with full knowledge and understanding of the disclosures. waivers, and releases herein.

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(Initial)	
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If I am present	t at and	d participa	ate in 1	the activiti	es of	(Name of	of Stable	e, Fac	cility o	r Ow	mer)
						I do so a	at my ov	vn ris	sk, and	I he	reby
acknowledge	and	agree	that	(Name	of	Stable	e, Fac	ility	or	Ow	ner)
_				,		and/or	any of	its	princi	pals	and
agents shall be	ar no r	esponsibil	ity or	risk associ	ated v	with inju	ries that	coul	d arise	from	my
presence or	par	ticipation	at	(Name	of	Stable	, Fac	ility	or	Ow	ner)
Name:						Date:_					
Participant's Si	ignatur	e:									