

Release and Waiver of Liability
HORSE RIDING AND ALL OTHER ACTIVITIES

I understand and acknowledge that our activities can be dangerous and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse riding/all other activities. I agree that I participate in all activities and enter property at my **OWN RISK**.

I agree not to drink alcohol or take drugs prohibited by law before or during this ride or activity.

Conduct

I agree to follow the directions of the ride leader/instructor and that any misconduct or refusal by me to follow any direction of the ride leader/instructor will result in the cancellation of my riding fee and my immediate removal from the horse and the property **NO MATTER** where that may occur.

I agree to wear a helmet during the lesson/ride.

Health (Strike out whichever one is inappropriate)

I am in good health and I have no physical disabilities

Or

I have the following physical disabilities

Name of rider and Guardian (if under 18 years): _____

Address: _____

Phone: _____ DOB: _____ Occupation: _____

Email: _____

Horse Rider (Tick where appropriate)

Very experienced

Never ridden

Less than 50 hours experience

Details of riding experience: _____

Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the owners and persons associated with this business to the greatest extent allowed by law in the event of me/and or the children under my care, suffering injury or death.

Date: _____ Signature of rider/Guardian: _____