

BROKEN ROAD RANCH
LIABILITY RELEASE

Liability Release: In consideration of the **Broken Road Ranch** allowing my participation at this facility, under the terms set forth herein, I the rider, or the parent/guardian thereof if a minor, do agree to hold harmless and release the **Broken Road Ranch**, its owners, agents, employees, officers, insurers, and any affiliated organizations from legal liability, and I shall bring no claims, demands, actions, and/or litigations against the **Broken Road Ranch** and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage sustained by me in relation to these premises. This agreement and release includes riding, handling, or otherwise being around or near horses owned by or in the custody or control of **Broken Road Ranch**.

Rider Responsibility: I understand that upon mounting a horse and taking up the reins, the rider is in full control of the horse. The rider's safety largely depends on his/her ability to remain balanced upon the moving animal. I agree the rider shall be responsible for his/her own safety and that of an unborn child if the rider is pregnant. It is hereby advised that pregnant women should not ride horses unless permission is given under the advise of a physician.

Arena and Facility Rules: It is hereby agreed that all participants as stated above shall abide by all rules posted for riding in the arena(s) or on the grounds or any/all buildings on the grounds.

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and understand the foregoing release agreement and assumption of risk. I/We further attest we have read this release completely and have observed and read the Equine Activities Immunity Act signs posted on the grounds. I/We do understand Equine Activities come with inherent risk and do assume that risk by participation with horses in accordance to Idaho code.

ALL ACTIVITIES ON THESE GROUNDS ARE SUBJECT TO THE EQUINE IMMUNITY ACT, IDAHO CODE, CHAPTER 18, SECTION 6.1801-6. BY YOUR PRESENCE ON THESE GROUNDS, YOU HAVE INDICATED THAT YOU ACCEPT THE LIMITS OF LIABILITY RESULTING FROM EQUINE ACTIVITIES. ALL PERSONS IN THIS AREA WILL BE REGARDED AS PARTICIPANTS AND LIMITED BY THE EQUINE ACTIVITIES IMMUNITY ACT.

Rider: _____ DATED: _____

Parent/Guardian: _____ DATED: _____