RISE UP EQUESTRIANS, INC.

640 Hickory Rd., Palmerton, PA 18071

RELEASE & ASSUMPTION OF RISK AGREEMENT - PLEASE READ CAREFULLY BEFORE SIGNING

Participant Name:	Phone Number:
Address:	Date:
Does Participant have any physical and/or mental health ability to ride a horse? No / Yes - If yes, describe here: _	conditions, problems or disabilities which may affect their safety or
non-obvious risks that always present themselves in such activity, destraining, working around horses, and being present on the premise as can be severe, resulting in more lasting residual effects than injuries f	orseback riding is a hazardous activity containing numerous inherent, obvious, and pite all safety precautions. Activities include but are not limited to trail riding, lessons, a guest or invitee of a Boarder, other Participant, Vendor or Stable. Related injuries rom other activities. Horses are unpredictable and participation in activities in the t 93 of 2005, the Pennsylvania Activity Immunity Act, "You assume the Risk of equine
horse may, without warning or any apparent cause, buck, stumble, far obstacles, step on a person's feet, push or shove a person, saddles or resulting in property damage, personal injury or death. Participant fur as a result of the inability of another person failing to maintain control is not responsible for total or partial acts, occurrences, or elements of emergencies, sudden movements, unfamiliar objects, person or other	horse is a completely safe horse. Regardless of a horse's training or past experience, a ll, rear, bite, kick, run, stop short, make unpredictable movements, spook, jump bridles may loosen or break, all of which may cause Participant to fall or be jolted, ther acknowledges and understands that personal injury, harm, or death may occur of over a horse or failing to act within that person's ability. RISE UP EQUESTRIANS, INC. Finature, such as unpredictable reactions to medications, sounds, sudden animals, hazards of or on the land, motor vehicles & devices, machinery, shrubs, natural and man-made obstacles or objects, that can scare a horse or cause it
horse, and RISE UP EQUESTRIANS, INC. is not responsible for Participathe farm's employees, volunteers, agents, independent contractors, a instructions, and their ability to remain balanced aboard the horse.	pon mounting a horse and taking the reins, the Participant is in primary control of the int's actions or inactions. Participant agrees to abide by all instructions provided by and representatives. Participant's safety depends upon their ability to carry out simple articipant is responsible for their own safety and that of an unborn child if Participant nen to ride horses. Participant agrees to provide their own insurance coverage for
and equipment, including protective headgear and proper riding shoe exceed ASTM/SEI standards for equestrian. The headgear and harnes	rarticipants are required by RISE UP EQUESTRIANS, INC. to wear protective clothing is (heels preferred), at all times. Participant's protective headgear must meet or is must be secured, properly fitted and fastened at all times while mounting, riding and their own tack, and requires the use of the Farm's tack, Participant acknowledges d properly fitted to the horse on which the tack is to be used.
this activity on its premises, I, the Participant, for myself and/or on be shall forever save, hold harmless, defend, and indemnify RISE UP EQU and its and their respective owners, officers, directors, employees, voothers acting on its behalf (each, a "Released Party"), from any and al (each, a "Claim"), including the negligence of a Released Party, wheth economic, arising out of Participant's or Participant's child's use of, or Participant shall bring no Claims against any Released Party resulting by Participant or Participant's minor child arising out of the use of, or Governing Law PARTICIPANT AGREES THAT: This Release and Waiver construed in accordance with the laws of the Commonwealth of Penra AWARENESS - I, the undersigned Participant, being of sound mind and	It in consideration of RISE UP EQUESTRIANS, INC. allowing Participant to participate in chalf of my child legal ward, heir, administrator, personal representative or assign, IESTRIANS, INC. (doing business under its own name or any other name), its affiliates, lunteers, representatives, agents, shareholders, members, insurers, assigns and I claims, liabilities, demands, suits, damages, costs, expenses and causes of action er the same be known or unknown, anticipated or unanticipated, economic or non-presence upon, RISE UP EQUESTRIANS, INC.'s property, facilities or horses. From or arising out of any loss, damage, injury, death, or property damage, sustained presence upon, RISE UP EQUESTRIANS, INC.'s property, facilities, or horses. G. of Liability is non-assignable and non-transferable and shall be governed by and stylvania, without regard to conflicts of laws principles. PARTICIPANT STATEMENT OF d not under the influence of alcohol, drugs, or other intoxicants, have read and r attest that all stated facts concerning Participant are true and accurate.
-	electronic media, printed publications, marketing materials, etc. electronic media, printed publications, marketing materials, etc.
I/We have read the above, understand the same, and a	gree to be legally bound by all the terms of this release agreement.
Signature of Participant:	Date:
Signature of Parent or Guardian (if Participant is a mino	r): Date: