

HERITAGE HILL EQUESTRIAN CENTER INC
www.hhorsebackriding.com
RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this day \_\_\_\_\_ 20\_\_\_\_ by and between \_\_\_\_\_
residing at \_\_\_\_\_, hereinafter referred to as " I " and HERITAGE HILL EQUESTRIAN
CENTER INC at 8882 CR 392 PRINCETON, TEXAS 75407, hereinafter referred to as "THIS STABLE ".

IT IS HEREBY AGREED AS FOLLOWS:

- 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instructions as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose
2. That in the last two years student has ridden horses :
Student's name \_\_\_\_\_ Less than 10 hrs \_\_\_\_\_ 10 to 20 hrs \_\_\_\_\_ 20 hrs or more\_\_\_\_
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3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 1/2 to 5 1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.
5. That I have been advised that students should wear a safety helmet while riding and around the stable to prevent horse related head injuries.
6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall loose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily or property damage and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instructions at THIS STABLE.
Name of insurance company is \_\_\_\_\_
Policy number is \_\_\_\_\_
That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills
8. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules

WARNING

UNDER TEXAS LAW (CHAPTER.87 , CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

FULL NAME(S) OF STUDENT RIDER(S) IF UNDER AGE OR GUARDIANSHIP

- 1. \_\_\_\_\_ age \_\_\_\_\_
2. \_\_\_\_\_ age \_\_\_\_\_
3. \_\_\_\_\_ age \_\_\_\_\_

Listed on reverse side are the details of any allergies, ailments or handicaps a student may have, and of which THIS STABLE should be aware

SIGNATURE OF RIDER \_\_\_\_\_ date \_\_\_\_\_
(if of legal age and not under guardianship)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_