

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **TAYLOR FARMS EQUINE ACTIVITY INDEMNITY AND LIABILITY RELEASE FORM**

**EQUESTRIAN ACTIVITIES CAN BE DANGEROUS: SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY**

By this agreement made and entered on (date) \_\_\_\_\_

By and between (your full legal name) \_\_\_\_\_,

Who resides at (your address) \_\_\_\_\_

hereinafter referred to as "I" and TAYLOR FARMS, LLC, and any and all employees, agents, officers, instructors of same, hereinafter referred to as "TF" hereby agreed to as follows:

**1. HAZARDOUS ACTIVITY: ACKNOWLEDGE THAT HORSEBACK RIDING, DRIVING, THE HANDLING OF ANIMALS OR BEING IN CLOSE PROXIMITY TO ANIMALS IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH** because of the unpredictable nature and irrational behavior of animals, regardless of their temperament, training or past performance.

**2. RELEASE, DISCHARGE AND PROMISE NOT TO SUE** for any loss, damage, injury, including death, or cost to me or my child(ren) arising out of the handling of riding, driving, or being in close proximity to a horse, on the premises, when handling, observing, riding or driving a horse, using of saddles, bridles, equipment or gear provided by me or to me by "TF".

**3.** I understand that a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot, canter, or gallop, to kick, to buck, to rear up in front, or to bite. I understand that helmets, safety equipment, proficiency checks, supervision and/or enforcement of rules **DO NOT AND CANNOT GUARANTEE** my safety. I understand these risks and voluntarily assume these risks and dangers for myself or on behalf of my child or legal ward. \_\_\_\_\_ **(Initial here)**

**4. "RIDING" Defined:** when the "rider" is sitting on the back of a horse in a saddle, or bareback and personally, controls the movements of the horse with bridle & reins.

**5. "DRIVING" Defined:** when the "driver" is sitting or standing behind a horse in a cart, sled or on the ground and personally, controls the movements of the horse with bridle & driving lines.

**6. RIDING HELMETS:** I understand that I can better protect myself against head injuries by wearing protective equestrian head gear while mounting, riding, dismounting, driving and being around horses. "TF" will provide helmets to all riders free of charge. Please note that we do not guarantee the helmet itself. Helmet failure due to manufacturer defects is out of the hands of "TF". I accept full responsibility for the increased risk of injury if I decide not to wear a helmet or not to require my child or legal ward to wear a helmet. \_\_\_\_\_ **(Initial here)**

**7. PROTECTIVE HEADGEAR AND APPAREL:** I have been advised to wear protective footwear at all times

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while I am grooming or tacking up the horses AND wear a helmet while riding or driving. It is understood that "TF" - PROVIDED protective headgear may not be a perfect fit for the rider's/driver's head, and that once provided I / WE will be responsible for securing the helmet on the rider's/driver's head at all times. \_\_\_\_\_ (Initial here)

**8. I HEREBY AUTHORIZE & CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR(s):** Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon; or any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a licensed dentist. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided. \_\_\_\_\_ (sign here)

**9. LIABILITY RELEASE:** I understand that I am responsible for bodily injury or property damage that I, or my child, or legal ward should sustain while riding or driving a horse provided by "TF". I am also responsible for medical expenses, or any other expense incurred as a result of such bodily injury or property damage. I am responsible for any time I, or my child or legal ward shall lose in employment or school or other activity. I hereby for myself, my heirs, administrators and assigns release and discharge "TF" (the instructor(s) and all their officers and employees from claims, demands, actions, and causes of action for such injuries sustained to my person, or that of my child or legal ward and/or my property. \_\_\_\_\_ (Initial here)

**10. INDEMNITY:** I agree to indemnify and pay any expenses, loss or damage that is incurred by "TF" and all of their officers and employees arising out of my, my child or legal wards participation in any "TF" sponsored or related activity. \_\_\_\_\_ (Initial here)

**11. INDEMNITY / LIABILITY RELEASE BY PARENT OR GUARDIAN OF MINOR CHILD OR LEGAL WARD:**

In the knowledge that a parent by law cannot waive the personal injury rights or other claims of a (their) minor child or legal ward, the undersigned parent or guardian of said minor child or legal ward agrees to indemnify "TF" and all their officers and employees from any financial loss suffered because of any claim brought on behalf of said minor child or legal ward. Further, I agree not to bring any claim or other legal action against "TF" and all of their officers and employees for personal injuries suffered by said minor alleging negligent acts or acts of omissions by "TF" and all their officers and employees. \_\_\_\_\_ (Initial here).

**DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS RELEASE FORM**

Rider/visitor or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rider's/visitor's Name (Please Print): \_\_\_\_\_

Signatory's Name Printed (if not rider): \_\_\_\_\_

Relationship to Rider if Rider/visitor is a Minor: \_\_\_\_\_

**\*\*\* PHOTO RELEASE:** I hereby \_\_\_\_ DO \_\_\_\_ DO NOT give my consent for the use of photos taken of me/my

child on "TF" (and all affiliates) Vaulting's Facebook or webpage, newsletters, articles, etc. Such photos will be images only (without identifying/names), unless express permission/consent is given, by initialing here \_\_\_\_\_.