Liability Waiver for Whisler Equine Services, LLC./Alliance Equestrian Center

2400 N County Road 725 W, Yorktown, IN 47396 765-730-3993

Liability Release: I, the undersigned Owner, Visitor, Guest, Trainer, Instructor, Parent/Guardian of minor, acting agent for owner, do agree to hold harmless and release Whisler Equine Services, LLC as well as Alliance Equestrian Center, its’ owners, agents, employees, officers, members, premises owners, insurers, affiliated organizations from legal liability due to this stable’s ordinary negligence; and I do further agree that except in the event of this stables gross and willful negligence, I shall bring no claims, demands, actions, and causes for action, an/or litigation, against this stable or its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, and my minor child or legal ward in relation to the premises and operations of this stables, which include riding, handling, or otherwise being near/around horses owned by or boarded by this stable.

By **initialing** below, I/we acknowledge and agree to the following in order to ride, board, or participate in any fashion at Whisler Equine Services, LLC/Alliance Equestrian Center at 2400 N County Road 725 W, Yorktown, IN 47396:

\_\_\_\_\_\_\_ *I am physically fit to ride and participate in horseback riding activities*

\_\_\_\_\_\_\_ *I understand there are risks involved in horseback riding, that horses are*

*large, live, and unpredictable animals capable of unexpected reactions to*

*circumstances around them and I assume these risks and their*

*consequences.*

\_\_\_\_\_\_\_ *I will follow all of the rules and regulations of the Riding Program at Whisler Equine Services, LLC/Alliance Equestrian Center. That I release, indemnify and hold harmless the owners/operators of the premises at Whisler Equine Services, LLC./Alliance Equestrian Center and their employees, agents, related persons or entities from any and all liability for injuries that may arise from horseback riding or activities with horses or other activities I partake in while on the premises.*

\_\_\_\_\_\_\_ *I release Whisler Equine Services, LLC./Alliance Equestrian Center and its officers and employees against all liability claims, suits, and expenses, including attorney’s fees incurred, arising out of any injury to any person or damage to any property caused by me or to me, my children, my horse, or any horse or attendants. This Agreement includes riding or walking on foot on trails that may be in poor condition, steep, rocky, muddy or with overhanging branches, trees, fences, obstacles (man-made or natural), and saddles, bridles, halters, or any other tack which could break, slip or malfunction.*

*\_\_\_\_\_\_\_ I will ride with a properly fitted and secured ASTM (F1163-99) SEI certified*

*protective helmet.*

*\_\_\_\_\_\_\_ This contract is governed by the laws of the State of Indiana.*

Liability Waiver for Whisler Equine Services, LLC./Alliance Equestrian Center continued

Print Rider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact (ICE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Experience Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. Years Riding: \_\_\_\_\_\_\_\_\_

*Having carefully read the foregoing release and liability form I/we the undersigned, have read and do understand the foregoing agreement, warnings, release any assumption of responsibility and risk. If minor: parent/guardian must sign.*

Signature of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if rider is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Under Indiana Law, 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.*