**Silver Creek Stables, LLC**

**RELEASE AND WAIVER OF LIABILITY,**

**ASSUMPTION OF RISK MANAGEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge my desire and intention to participate in horseback riding, trainer instructed riding lessons and other activities conducted by/at SILVER CREEK STABLES, LLC, 14558 CR 36, Kennard, NE 68034.

I fully understand that the following activities, but not limited to, horseback riding, trail riding, riding lessons, warm-up riding, lunging, leading, handling and grooming of horses are very dangerous. I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury, including death to myself, death to minors in my care and injury and/or damage to my personal property.

**I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE SILVER CREEK STABLES LLC,** or any subsidiary corporation or related corporation on the premises, the manager, officers, director, agent, trainers and employees of any of the above, (hence-forth known as the ‘Releases’) from all liability to me, my respective personal representatives, assigns, heirs and next-of-kin from any and all claims, demands, losses or damages on account of any injury, including but not limited to, death, or injury caused or alleged to be caused, in whole or in part, by the Releases.

**I have read this Release of Waiver Liability, Assumption of Risk Agreement, and understand by signing this form, that I give up substantial rights that I would have otherwise have to recover damages for loss occasioned by the Releases’ fault and sign it voluntarily and without inducement.**

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

**Signature of Participant: Date:**

**Parental Consent for Minor (a minor being any person 18 years of age or less)-**

**I sign this Agreement on my own behalf and on behalf of my/any child or children in my care, custody or supervision.**

**Warning: Under Nebraska Law, an equine professional is not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to this act.**

I have read this Parental Consent, Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, and understand by signing this form, that I give up substantial rights that I or my child, or any children in my care, control and/or supervision, would otherwise have to recover damages for loss occasioned by the Releasees’ fault, and sign it voluntarily and without inducement.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: Age:**

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

**Signature of Parent or Legal Guardian: Date:**