

SADDLE RIDGE RIDING CENTER, INC.
Riding Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement

In consideration of _____ (“Participant”) the person permitted to participate in any way in Saddle Ridge Riding Center (“SRRC”) activities, I the parent and/or guardian of said minor, or myself, or personal representatives, assigns, heirs, and next of kin of said minor...

1. Acknowledge, agree, and represent that I understand the nature of such equestrian activities and that I am of the opinion that said Participant is qualified, in good health, and in proper physical condition to engage in such activity. I further agree and warrant that if at any time I believe that such a Participant’s health and physical condition should change so that it would be unsafe for such Participant to continue to engage in such activity, I will immediately discontinue the Participant’s future or further participation in such activity.

2. I fully understand that: (a) such participation in equestrian activities involves risk and danger of serious bodily injury, including permanent disability, paralysis, and death (“risks”); (b) these risks and dangers may be caused by said Participant’s actions or inaction, the actions or inaction of others participating in the activity, the condition in which the activity takes place, or the negligence of SRRC; (c) there may be other risks and social economic losses either known or not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs and damages such Participant may incur as a result of participation in the equestrian activity; (d) SRRC reserves the right to substitute instructors without prior notice; (e) SRRC has a 24 hour cancellation policy and I am still responsible for payment if I cancel a lesson with less than 24 hours notice; (f) SRRC has the right to use individual or group pictures taken at hosted events for publicity purposes.

3. I hereby release, discharge, and covenant not to sue SRRC or their respective administrators, directors, agents, officers, members, volunteer, and employees, other participants, any sponsors, advertisers, and owner and lessor of premises on which the activity takes place, (each considered one of the “Releases” herein) from all liability, claims, demands, losses or damages on said Participant’s account caused or alleged to be caused in whole or in part by the negligence of the Releases, or otherwise, including negligent rescue operations, and I further agree that if despite this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, I or anyone on behalf of said Participant makes a claim against the Releases, I as parent and/or guardian, will indemnify, save and hold harmless each of the Releasees, from any litigation expenses, attorneys’ fees, losses, liability, damage or costs of which they may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF SAID PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE TO SAID PARTICIPANT, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

This Agreement will remain in full force and effect at all times.

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| The Participant is currently under the care of a physician? | _____ YES | _____ NO |
| The Participant is currently taking prescription medication? | _____ YES | _____ NO |
| Does the Participant have any allergies? | _____ YES | _____ NO |
| Does the Participant have any special needs? | _____ YES | _____ NO |

If YES to any of the previous, please expand on the purpose of care, description of medication, and special needs.

Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____

Signature of Participant/Parent/Guardian _____

Date _____ Email _____