

Equestrian Liability Waiver and Release

Welcome and Overview

Before riding on these premises you must complete this waiver and release of liability. By signing you acknowledge the inherent risks of equestrian activities and agree to follow all property rules. Please complete all required fields, and sign at the end. If the rider is under 18, a parent or legal guardian must also complete the guardian section.

Rider Email Address*(required).....

We will use this email for important communications about your visit and for a copy of your completed waiver.

Rider Full Name*(required)

First..... Last.....

Enter the full legal name of the person who will be riding.

Phone Number*(required).....

A phone number where we can reach you in case of emergency or scheduling updates.

Home Address*(required)

Address Line 1.....

Address Line 2.....

City.....

State.....

Post Code

Street, city, state, and post code — used for record-keeping and emergency contact information.

Date of Visit*(required).....

Are you under 18 years old?

Parent/Legal Guardian Consent (Complete only if rider is under 18)

Parent/Guardian Full Name*(required).....

Parent/Guardian Email*(required).....

Parent/Guardian Phone*(required).....

Signature (parent/guardian required).....

Date(required).....

Emergency Contact - Name*(required).....

Name of the person to contact in case of emergency.

Emergency Contact - Phone*(required).....

Emergency Contact - Relationship*(required).....

Assumption of Risk and Release

Please read carefully and check each box to indicate your agreement:

I acknowledge that horseback riding and handling are inherently dangerous activities that can result in serious injury or death.

- ☐ I understand that horse riding involves risks such as falling, being kicked or bitten, and encountering uneven terrain or unpredictable weather.
- ☐ I voluntarily assume and accept all risks associated with horse-related activities on this property.
- ☐ I release and hold harmless the property owner(s), staff, and affiliates from any liability for injury, illness, damage, or death resulting from my participation.
- ☐ I agree to indemnify the property owner(s) against any claims arising from my actions or negligence.
- ☐ I will wear appropriate safety gear (including a helmet), follow all posted signs and staff instructions, and supervise minors under my care.
- ☐ I authorize emergency medical treatment if needed and accept responsibility for any associated costs.
- ☐ I understand that the property is not responsible for injuries resulting from the actions of other riders or horses.
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I have read, understand, and agree to the Assumption of Risk and Release above

- ☐ Checking this box affirms that you accept the waiver and release terms.

Agreement to Follow Rules and Directions

- ☐ I agree to follow all posted rules and directions from property staff and to behave responsibly while on the premises.

Safety Equipment Agreement

- ☐ I agree to wear a properly fitted, ASTM/SEI-approved helmet whenever I am mounted on a horse on the property.

Helmets are strongly recommended for all riders and may be required by property policy or for certain activities.

- ☐ I agree to wear appropriate footwear (closed-toe shoes with a heel) while riding.

Proper footwear helps prevent feet from slipping through stirrups and reduces the risk of injury.

- ☐ I will wear a protective riding vest / body protector when riding (recommended).

Protective vests can reduce risk of torso injuries; recommended for certain disciplines and riders.

I understand that failure to wear required safety equipment may result in being refused permission to ride.

Staff may deny riding privileges if required safety equipment is not worn.

Photograph / Video Release*(required)

☐ I consent to the use of photos or video of me and/or my horse for promotional purposes

☐ I do not consent to the use of photos or video of me and/or my horse for promotional purposes

Choose whether you consent to being photographed or recorded while on the property.

Additional Information or Medical Conditions (optional)

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*Provide any information we should know (allergies, medical conditions, medication, mobility limitations).
This helps staff respond appropriately in an emergency.*

Signature & Date*(required).....

By submitting/ signing this form you confirm that the information you provided is true and that you (and your parent/guardian if applicable) accept the terms stated here. A copy of this completed waiver will be sent to the provided email address