



RIDER RELEASE FORM

Courtesy Stable, BSCS & Cathedral Run Equine
Cynthia Turecki, President & Instructor
Amanda Cross, Instructor
Caroline Inman Spear, Instructor

CONTACT:
courtesystable.org
barnmanager@courtesystable.org
215.482.8108

BSCS MAILING:
3727 Sharp St.
Philadelphia, PA 19127

COURTESY STABLE:
901 East Cathedral Road
Philadelphia, PA 19128

Rider's Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Age (if under 18): _____

Riding experience: _____

Emergency Contact name: _____

Emergency Contact phone number: _____

THIS RELEASE APPLIES TO ANY AND ALL ACTIVITY, WHETHER OR NOT HORSE RELATED, ON PREMISES AT COURTESY STABLE, 901 EAST CATHEDRAL ROAD, PHILADELPHIA, PA 19128. THIS RELEASE DOES NOT COVER ANY OFF SITE SHOWS OR ACTIVITIES WITH ANY INSTRUCTOR UNLESS PRIOR APPROVAL AND NOTICE IS DEFINED.

This release shall be legally binding upon me, the rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children and personal representatives (please read carefully, fill in all blanks and initial each paragraph before signing).



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_____(Initial) I, _____, hereby affirm that I am informed of the inherent hazards of horseback riding, driving and other horse related activities. Horseback riding is classified as a rugged adventure recreational sport activity, and there are numerous obvious and non-obvious inherent risks always present in such an activity despite all safety precautions. I further understand that horses may behave in unpredictable and potentially dangerous ways. I acknowledge that there are inherent risks associated with equine activities and assume all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in such ways as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them, the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as the surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical treatment; and the potential of a participant or act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

_____(Initial) I understand and agree that CATHEDRAL RUN EQUINE, The Boarders & Stewards of Courtesy Stable, Philadelphia Parks and Recreation, their employees, agents, or assigns or Amanda Cross, Cynthia Turecki (hereinafter collectively referred to as "Released Parties") may NOT be held liable or responsible in any way for any injury, death, or other damages to me or my family or my property, heirs, or assigns that may occur as a result of my participation in this horse-related activity or as a result of the negligence of any party, including the "Released Parties", whether active or passive.

_____(Initial) I understand that upon mounting a horse and taking up the reins, I, the rider, am in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the Rider. I, the rider, agree that I am fully responsible for my own safety.



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_____(Initial) I understand that the “Released Parties” are **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause a fall, or react in some other unsafe way. Some examples are: thunder, lighting, wind, falling trees, wild and domestic animals which may walk, run or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

_____(Initial) I agree that should emergency medical treatment be required, I and/or my own accident medical insurance company shall pay for **ALL** such incurred expenses. My accident/medical insurance company is _____ and my policy number is: _____

Company Name: _____

Policy #: _____

_____(Initial) I understand that the “Released Parties” require protective head gear to be worn at all times while riding on the premises and that wearing SEI certified ASTM standard F 1163 head gear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce the severity of some of the wearer’s head injuries and possibly prevent the wearer’s death from happening as a result of a fall or other occurrence.

_____(Initial) I agree that by my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge the “Released Parties” and others acting on its behalf, of and for all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to the “Released Parties” ordinary negligence. I shall not bring any claims, demands, legal actions and causes of action against the “Released Parties” as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and or my minor child and/or legal ward in relation to the premises and operations of the “Released Parties” to include while riding, handling or being near horses owned by, or in the care, custody, and control of ”the Released Parties” whether on or off the premises of Courtesy Stable.

I/We the undersigned have read and do understand the foregoing agreement, warnings, release, and assumption of risk. I/We understand that the terms of this release are contractual and not a mere recital and I/We have signed this document of my own free act.

Rider’s signature: _____ **Date:** _____

Name (printed): _____

Parent/Guardian’s signature (if under 18): _____ **Date:** _____

Parent/Guardian name (printed): _____



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WARNING

You assume the risk of
equine activities
pursuant to
Pennsylvania Law.

Source: <https://pennsylvaniaequinecouncil.org/news/legislation/act/>