

Little Forest Equestrian

EQUINE CLINIC LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

This Equine Clinic Liability Release and Hold Harmless Agreement ("Agreement") is entered into on the _____ day of _____, **2026**, by and between:

Facility:

Little Forest Equestrian ("Facility")

Address: 4225 Oak Creek Rd. Leander, TX 78641

and

Participant/Horse Owner:

Name: _____

Address: _____

Phone: _____ Email: _____

1. Purpose

Participant desires to participate in a horsemanship clinic, lesson, or equine educational event ("Clinic") at Little Forest Equestrian and to bring the horse described below onto Facility property for that purpose.

Horse Name: _____

Breed: _____ Age: _____

Color/Markings: _____

2. Acknowledgment of Inherent Risks

Participant acknowledges that equine activities are inherently dangerous and that horses may behave in unpredictable ways. Risks include, but are not limited to:

- Bucking, kicking, biting, rearing, bolting, or spooking
- Collisions with other horses, riders, fences, equipment, or objects
- Uneven footing, arena surfaces, or natural terrain hazards
- Actions or inactions of other participants

- Weather-related conditions
- Equipment or tack failure

Participant voluntarily assumes full responsibility for all risks of injury, death, or property damage arising from participation in the Clinic.

3. Release and Waiver of Liability

To the fullest extent permitted by law, Participant releases, waives, and discharges Little Forest Equestrian, its owners, employees, instructors, clinicians, volunteers, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to:

- Injury, disability, or death of Participant
- Injury, illness, or death of Participant's horse
- Damage to tack, equipment, trailers, or other property

This release includes claims arising from the ordinary negligence of the Facility.

4. Indemnification and Hold Harmless

Participant agrees to indemnify, defend, and hold harmless Little Forest Equestrian from any claims, damages, costs, or legal fees resulting from:

- The behavior or actions of Participant's horse
 - Participant's own actions or negligence
 - Any guest, family member, or invitee accompanying Participant
 - Damage caused to other persons, horses, or property
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5. Horse Health Requirements

Participant certifies that the horse:

- Is in good health and free from contagious disease
- Has a current negative Coggins test (within 12 months)

- Has current vaccinations appropriate for participation in a group equine event (including Rabies, Tetanus, EEE/WEE, and West Nile Virus)

Proof of required documentation must be provided prior to unloading the horse.

Facility reserves the right to deny entry to any horse showing signs of illness or unsafe behavior.

6. Emergency Medical and Veterinary Care

In the event of emergency:

- Participant authorizes Facility to obtain emergency medical treatment for Participant if necessary.
- Participant authorizes Facility to obtain veterinary care for the horse if Participant cannot be reached.

Participant agrees to be fully responsible for all related medical or veterinary expenses.

Emergency Contact: _____

Preferred Veterinarian: _____

7. Helmet and Safety Policy

ASTM/SEI-approved riding helmets are strongly recommended for all mounted participants and may be required for minors. Participant acknowledges responsibility for wearing appropriate safety gear and proper footwear.

8. Clinic Conduct and Dismissal

Participant agrees to:

- Follow all Facility rules and clinician instructions
- Maintain control of their horse at all times
- Conduct themselves in a safe and respectful manner

Facility reserves the right to dismiss any Participant without refund for unsafe, disruptive, or inappropriate behavior.

9. Governing Law

This Agreement shall be governed by the laws of the State of Texas.

10. Severability

If any portion of this Agreement is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

11. Acknowledgment of Understanding

Participant acknowledges that they have carefully read this Agreement, understand its terms, and sign it voluntarily.

Participant Signature: _____

Printed Name: _____

Date: _____

Facility Representative: _____

Date: _____