



Neophyte Farms

WAIVER AND RELEASE OF LIABILITY

Date _____

Name of Rider _____ Age (if under 18) _____

Name of Parent /Guardian (If under 18) _____

Phone (Parent's if under 18) _____

Email address _____

Emergency Contact (Name & Phone) _____

ASSUMPTION OF RISK

The undersigned acknowledges that the activity of horseback riding has inherent risk. The undersigned is solely responsible for the decision to participate in this activity. These risks may cause serious injury or death. The undersigned understands and accepts that horseback riding involves dangers and risks which may include but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking, or stepping on a person
- Falling off or being thrown from a horse - such risks increases at higher speeds
- Unforeseen maladjustment or malfunction of saddles and tack
- Horseback riding on rugged terrain, including steep and slippery trails
- Injuries inflicted by animals, insects, plants, or other participants
- Accidents or illness in remote places without medical facilities
- Physical exertion associated with horseback riding

____ **My initials here indicate my understanding of the assumption of risk**

RELEASE AGREEMENT

In consideration of Neophyte farms furnishing horses to enable me to voluntarily participate in the equine and other activities in which I may not be skilled, with the knowledge of the dangers and inherent risks involved, I hereby assume all risks of injury or loss of life to myself and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically waive, release, indemnify and hold harmless Neophyte Farms, its owners, operators, agents, volunteers, guides, employees, and participants from, and forever promise not to sue them on any and all claims, demands, rights, causes of actions, liabilities, losses, damages, costs and expenses (including reasonable attorney's fees), whether known or unknown, arising out of or in any way relating to my participation in the equine and other activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance covering any and all injuries incurred. I further understand that Neophyte Farms carries no medical insurance for the participants in horseback riding, and any insurance coverage existing with respect to Neophyte Farms shall not alter the terms of the waiver and not impose any liability on Neophyte Farms. I acknowledge that I have carefully read this release of liability and general agreement, and that I fully understand its contents and I agree to each of the terms and revisions. I am aware that this is the complete release of liability, a waiver of legal rights and contract between me and Neophyte Farms, and I sign it of my own free will. I further acknowledge that there are no warranties either expressed, or implied, concerning the facilities, events, or activities at Neophyte Farms. This release will remain in full force and effect for all visits by me to Neophyte Farms unless I explicitly revoke it in writing and deliver such revocation in person to Neophyte Farms. I also agree to obey all Stable Rules and all other posted signs and oral and written instructions while participating in the equine and other activities.

____ **My initials here indicate my understanding of the above release agreement**

By signing below, I indicate that I have fully read, understand and agree to all above terms:

Signature _____ Date _____

Printed Name _____