

EQUINE ACTIVITY RELEASE FORM

I, the undersigned, have inspected the premises. I understand and acknowledge the risks and dangers involved in participating in horse riding activities, and that unanticipated and unexpected dangers may arise during such activities. I assume all risks of injury to my person and property that may be sustained in connection with the state and associated activities, in and about the premises up to and including death. I agree if I challenge this release and seek damages, I will assume all costs of legal representation of defendant until they are found guilty in a court of law.

In consideration of the permission granted to me to enter the premises and participate in the stated activities, I so hereby, for myself, my heirs, administrators and assigns, release and discharge South Wind Stables and Nut-N-Horse Farms, the owners, lessors, operators, volunteers and sponsors of the premises, of the activities, of the horses and of the equipment therein, and their respective employees, agents and officers, and all other participants in that stated activities of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained by my person and/or property during my presence on said premises and participation in the activities due to negligence or any other fault. This release is in accordance with House Bill 565 of the State of Ohio enacted on December 2, 1996. This law covers the inherent risks of equine activities including, but not limited to the following:

- a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.
- b) The unpredictability of an equine’s reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals.
- c) Hazards, including, but not limited to, surface or subsurface condition, tree branches, black walnuts, holes.
- d) A collision with another equine, another animal, a person, or an object.
- e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to , failing to maintain control over an equine or failing to act within the ability of the participant.

I certify that my true age is stated below, and if I am under the age of eighteen (18) years, I do represent and certify that I have the permission of my parents and/or guardians to participate in the activities, and that they have full knowledge thereof. If I am under the age of eighteen (18) years, one of my parents or guardians has signed this release form himself/herself and as agent of my other parent or guardian, intending to be fully bound hereby.

I certify that my attendance and participation in the stated activities is voluntary, and that I am not, in any way, the employee, servant, or agent of the owners, lessors, operators, or sponsors of the premises and activities therein.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE OF LIABILITY.

participant’s signature

parent/guardian signature

participant’s name (printed)

DATE OF SIGNING- REQUIRED

participant’s date of birth

SHOWING? Or guest of _____
LESSONS?

participant’s address

city state zip

phone number

emergency phone number