**ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY**

“For Participants 18 and Over”

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **DOB** |  |
| **Full Address** |  |
| **Phone #** |  | **Email** |  |

**Every Person MUST Read and Understand this form before Participating in Equine Activities**

To: **SHADY MAPLE STABLES**

Their directors, employees, officers, volunteers, business operators and site property owners. (collectively called the HOST)

**Initial Each Item Below After Reading and Understanding the Item**

**\_\_\_\_1. I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS** (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.

\_\_\_\_**2. I Acknowledge** that the Inherent **“RISKS”**  OF Equine Activities mean those **DANGEROUS** conditions which are in integral part of Equine Activities, **including but not limited to:**

* The propensity of any equine to behave in a way that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
* The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
* The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

**\_\_\_\_3. I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”**  and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

**\_\_\_\_4. I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

**\_\_\_\_5. In Addition** to consideration given for my Participation in Equine Activity, I and my heirs executors, administrators and assigns (collectively called my “Legal Representatives”) agree

* **To Waive All Claims that I might have against the “HOST”** and
* To **Release the “HOST” from Any and All Liability** for any loss, damages, injury or expense that I or my “Legal Representatives” might suffer as s result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”**; AND
* **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form, I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SIGNED This** |   | **Day of** |  | **20** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name of HOST Witness to Signing and Initialing) (Signature of Participant)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature of HOST Witness)