

Folly Farms

Equestrian Programs

HORSEBACK RIDING and HORSE RELATED ACTIVITY RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Folly Farms Equestrian Programs.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Folly Farms Equestrian Programs, Landlord, staff, volunteers, and all associates and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding and horse related activity. **Please initial to show that you agree _____.**

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, or snow sliding off the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Folly Farms Equestrian Programs, landlord, staff, volunteers, associates, and its agents from liability for any and all injuries to me from the general activity of horseback riding and horse related activity. **Please initial to show that you agree _____.**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Folly Farms Equestrian Programs, landlord, staff, volunteers, associates, and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree _____.**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and horseback riding. I completely release Folly Farms Equestrian Programs, landlord, staff, volunteers, associates, and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree _____.**

I Agree to wear proper riding attire including a riding helmet when mounted and understand that if I choose not to wear a helmet I will not be able to participate in any mounted equine activities.

Signature

Parent's Signature

Students

I agree not to sue, claim against, attach the property of or prosecute Folly Farms Equestrian Programs, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

I agree to defend, indemnify and hold harmless Folly Farms Equestrian Programs and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree**_____.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree**_____.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree**_____.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants under 18 years of age require the signature of a parent or legal guardian.

Signature of Participant: _____

Signature of Parent or Legal Guardian: _____

Print Name: _____

Address: _____

Telephone Number: _____ **Cell Number:** _____

Email: _____

Witness: _____

Office Use Only
