



Risen Ridge Ministry
Hereinafter known as "STABLE"
P.O. Box 442
Stuarts Draft, VA 24477

Risen Ridge Ministry
Liability Release and Assumption of Risk Agreement
Read Carefully and Complete All Sections Before Signing

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT INFO

First Name: _____ Last Name: _____

Phone #: (____) _____ - _____

Relationship to participant: _____

MEDICAL INSURANCE INFO

My medical insurance company is _____

My Policy number is _____

☐ I do not carry medical insurance.

SAFETY QUESTIONS

Does this participant have any physical or mental condition(s), which may affect his/her ability to ride, drive and/or train a horse?

Please circle **YES** or **NO**

If you circled **YES**, how can we help them with their special needs?

REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE I, the above listed individual hereinafter known as "**PARTICIPANT**," and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in all STABLE activities including horse riding as a student of this STABLE, and that if I ride a horse provided by this STABLE, I will do so for instructional purposes.

AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS This agreement shall be legally binding upon me the registered PARTICIPANT, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of this STABLE'S physical location, 1853 Indian Ridge Rd, Stuarts Draft, VA 24477. This agreement is intended to be valid and binding at all times now and in the future when this STABLE permits me (directly or indirectly) to enter this STABLE'S property, be on this STABLE'S property, be near any horse, receiving riding and/or training instruction or guidance from its associates and/or when I ride and/or train and/or am near horses on or off of this STABLE'S property. Any disputes by the PARTICIPANT shall be litigated in, and venue shall be the county in which this STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "**HORSE**" and "**EQUINE**" herein shall refer to all equine species. The terms "**I**", "**WE**", "**ME**", "**MY**" shall herein refer to the above registered PARTICIPANT and the parents or legal guardians thereof if a minor.

INHERENT RISKS / ASSUMPTION OF RISK I/WE acknowledge that: Risks, conditions, and dangers are inherent in (meaning an integral part of) horse/equine/animal activities/stable activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animals; the unpredictability of an equine's

reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the participant.

PROTECTIVE HEADGEAR / HELMET WARNING I/WE agree that: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by this STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and/or driving and/or training and/or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer 's death from happening as the result of a fall and other occurrences. **I am not relying on this STABLE and/or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

MEDICAL INSURANCE I/WE agree that: Should medical treatment be required, I and/or my medical insurance company shall pay for ALL such incurred expenses.

PHOTO RELEASE I/WE agree that: I for myself and on behalf of my child and/or legal ward release all rights to photos taken of you or the above mentioned PARTICIPANT for use by RISEN RIDGE MINISTRY, its staff, founders, and or Board of Directors in ranch publications, videos, books, newsletters, etc.

LIABILITY OF RELEASE I/WE agree that: In consultation with this STABLE allowing my participation in this activity, under the terms set forth herein, I, the participant, for myself, and/or on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge this STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting in their behalf (herein after, collectively referred to as "associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to this STABLE'S and/or ITS ASSOCIATE'S ordinary negligence or legal liability, and I do further agree that except in the event of this STABLE'S gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against this STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of this STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by this STABLE, or in the care, custody or control of this STABLE, whether on or off the premises of this STABLE, but not limited to being on this STABLE'S premises.

All Participants and or Legal Guardians* must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENTS, LIABILITY RELEASE AND ASSUMPTION OR RISK AGREEMENTS. I/WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

Signature of Participant (required for anyone 13 and over)

Date

Signature of Legal Guardian* (required for anyone under 18)

Date

***Legal guardians do not include babysitters or friends of the family, unless that individual has been named guardian by a legal process, signed notes are not considered "legal."**