

# HORSE RIDING AGREEMENT AND LIABILITY RELEASE FORM

## Sekanic Show Stables

PLEASE READ CAREFULLY BEFORE SIGNING

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. Sekanic Show Stables DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE. IT IS HEREBY AGREED TO AS FOLLOWS THAT :**

**A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** - I, the following individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horse riding, and that this RIDER will ride his/her own horse or one borrowed or leased by RIDER own arrangement today, \_\_\_\_/\_\_\_\_/\_\_\_\_ .

**RIDER NAME:** \_\_\_\_\_

**RIDER date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. NATURE OF RIDING HORSES** – No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at a distance of from 31/2 to 51/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where a much smaller, weaker predator animal (human) tries to impose its will on, and become a unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.

**C. RIDER RESPONSIBILITY** – Upon mounting a horse and taking up the reins, the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The RIDER shall be responsible for his/her own safety.

**D. CONDITIONS OF NATURE** – Sekanic Show Stables is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

**F. INSPECTION OF PREMISES** – RIDER is satisfied that all conditions are reasonably safe for RIDER'S intended purpose, usage and presence upon Sekanic Show Stables facilities.

**G. PROTECTIVE HEADGEAR WARNING** – I have been fully warned and advised by Sekanic Show Stables that the RIDER should wear protective headgear (riding helmet), and that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries and even prevent death from happening as the result of a fall or other occurrence. Minors 16 and under are required to wear protective headgear.

**H. LIABILITY RELEASE** – In consideration of Sekanic Show Stables allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release Sekanic Show Stables, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to Sekanic Show Stables ordinary negligence; and I do further agree that except in the event of Sekanic Show Stables gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions and causes of action, against Sekanic Show Stables and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Sekanic Show Stables, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Sekanic Show Stables.

### SIGNER STATEMENT OF AWARENESS

**I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.**

\_\_\_\_\_  
SIGNATURE OF RIDER (Parent must sign for rider 17 & under.)

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, or GUARDIAN:

Last Name \_\_\_\_\_

**Horse-Related Activity Liability Waiver and Emergency Contact Form  
Sekanic Show Stables**

**MUST BE SUBMITTED IN DUPLICATE WITH ORIGINAL SIGNATURES BEFORE PARTICIPATING IN EQUINE RELATED ACTIVITIES**

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Health Insurance Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

If the above cannot be reached in the case of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_  
Any special medical conditions or allergies \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT (Optional)** To be filled in and signed by adult participant, or parent(s) or legal guardian(s) of a minor participant, whose medical insurance is carried by the above named health insurance policy, authorize members of Riding Club or Riding Team, as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on campus, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This authorization shall remain effective from \_\_\_\_\_ to \_\_\_\_\_ (date), unless sooner revoked in writing.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
(for participants under 18)