## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY " FOR PARTICIPANTS 18 YEARS OR YOUNGER"

PLEASE PRINT CLEARLY CHILD/YOUTH NAME: DATE OF BIRTH: ADDRESS: PROV/STATE: POSTAL/ZIP: GUARDIAN'S NAME: GUARDIAN'S ADDRESS: PROV/STATE: POSTAL/ZIP:

## GUARDIAN MUST READ AND SIGN PRIOR TO THE CHILD PARTICIPATING IN EQUINE ACTIVITIES

To: SPIRIT REINS RANCH (NAME OF PERSON, ORGANIZATION OR COMPANY PROVIDING THE EQUINE ACTIVITIES) their directors, employees, officers, volunteers, business operators, and site property owners. ( called the HOST) INITIAL EACH ITEM BELOW AFTER READING AND UNDERSTANDING THE ITEM

1. I am the Parent and/or Legal Guardian of the CHILD Participant named above and executing this form on behalf of the CHILD Participant in my capacity as parent and/or guardian and with the intent that this form be binding on myself and CHILD Participant for all legal purposes.

2. 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.

\_\_\_\_\_3. I Acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to:

- 1. The propensity of any equine to behave in ways 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.
- 2. 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.
- 3. 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.

\_\_\_\_\_4. I Freely Accept and Fully Assume All Responsibility for the Inherent "RISKS" and the possibility of personal injury, death, property damage or loss which might result from the CHILD being a Participant.

\_\_\_\_\_5. I Acknowledge that it remains my Sole Responsibility for the safety of the CHILD Participant and for the CHILD to Participate within his/her own limits.

6. In addition to consideration given for the CHILD to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree

1. To Waive All Claims that I or the infant Participant might have against the "HOST"; and

- 2. To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I, the Participant or our "Legal Representatives" might suffer as a result of the CHILD's Participation due to any cause, including any NEGLIGENCE ON THE PART OF THE "HOST"; and
- 3. To HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for property damage or personal injury to the Participant or to any third party which might result from the CHILD'S Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED: This \_\_\_\_\_\_ Day of \_\_\_\_\_\_ 20\_\_\_\_\_

(PRINT NAME OF HOST WITNESS TO SIGNING & INITIALING) (SIGNATURE OF PARTICIPANT/CHILD IF ABLE)

(Signature of HOST Witness) (Signature of Parent/Guardian)

(For Administrative use)	
Number of guests:	
Riding Tour (Name& Length)	Payment Method
Payment:	Cash: Credit Card: