

Release and Hold Harmless Agreement

Participant Information

Name \_\_\_\_\_ Age \_\_\_\_\_
Address \_\_\_\_\_
City/State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
Email \_\_\_\_\_
Emergency contact \_\_\_\_\_

Inherent Risks of Equine Activities

Legally, anyone who participates in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving, or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

Equine activities hold inherent risks, defined by statute to include:

- (1)The propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, \_\_\_\_\_, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Stockhands Horses for Healing, and its employees, officers, coaches, agents, associates, volunteers, trustees, owner of the horse, and the families of the aforementioned from any liability arising from accident, injury, theft, or damages the risk of equine activities pursuant to Ohio law. I will adhere strictly to the rules set forth by Stockhands Horses for Healing. This agreement shall continue for each and every visit to Stockhands Horses for Healing property.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Ohio.

If under 21, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (participant)
Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (parent/guardian if minor)

Grant of Permission

I/we the undersigned (student/rider above named for, if minor, parents/guardians) hereby grant permission and authority to Stockhands Horses for Healing, its officers and authorized employees to act for us in executing verbal instructions if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Stockhands Horses for Healing, its officers, agents, and employees, and owners of any property concerned, and participating in any activity sponsored by Stockhands Horses for Healing, and from any liability connected with obtaining prompt medical attention for the rider named above.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (participant)
Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (parent/guardian if minor)