



Equine Release and Liability Form

I, _____ (name), hereby enter into this agreement in consideration of my ability (or my child's) and permission to ride OR use any Horse under the instruction of Allison Schultz.

BY SIGNING THIS AGREEMENT YOU (and your child) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES WITH ALLISON SCHULTZ, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR ALLISON SCHULTZ. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself (and my child) that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses

I hereby specifically forever waive and release Allison Schultz and its principals and agents from any liability for injury or death arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Allison Schultz, its principals and agents.

(Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at the farm with Allison Schultz there will not be a nurse on the premises and Allison Schultz and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Allison Schultz and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation with Allison Schultz or any acts or omissions of Allison Schultz principals or agents.

By signing this Agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities with Allison Schultz, without restriction, without liability to Allison Schultz, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities with Allison Schultz, I do so at my own risk, and I hereby acknowledge and agree that Allison Schultz and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation with Allison Schultz.

Name: _____ Date: _____

Participant's Signature: _____

Participant's Parent Signature and Name if under 18: _____