

Riding Instruction Agreement And Liability Release

By this agreement, made and entered this _____ day of _____, 20____ by and between _____, who resides at _____ and Barnard Farms, Inc. DBA Six Pack Equestrian Center at 803 Cemetery Rd. Peebles, Oh. 45660, hereinafter referred to as "This Stable."

It Is Hereby Agreed To As Follows

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose.

2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time.):

A: Less than 10 hours _____	Student's name _____
B. 10 to 20 hours _____	Student's name _____
C. 20 hours or more _____	Student's name _____

3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 ½ to 5 ½ feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.

5. That I have been advised that students should wear a helmet or hard hat in and around THE STABLE so as to prevent horse related injuries.

6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and

sponsors of THIS STABLE and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

7. That the student is currently covered by accident-medical insurance and will remain insured for duration of all riding instruction at THIS STABLE.

Name of insurance company is _____
Policy number is _____

That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

8. That this agreement is entered into in the state of _____ and will be interpreted and enforced under the laws of that state.

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as Exhibit "B" and incorporated herein by this reference.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

FULL NAME(S) OF STUDENT RIDER(S) IF UNDER AGE OR GUARDIANSHIP:

1. _____ AGE: _____
2. _____ AGE: _____
3. _____ AGE: _____
4. _____ AGE: _____

Listed on reverse side are the details of any allergies, ailments or handicap a student may have, and of which THIS STABLE should be aware.

PARENT OR GUARDIAN _____ DATE _____ 20 _____

SIGNATURE OF RIDER _____ DATE _____ 20 _____
(if of legal age and not under guardianship)

FULL ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

SOCIAL SECURITY NUMBER _____