



Willow Way Horse Camp Liability Release Form
Willow Way, (Twin Stables, LLC.), hereinafter know "The Stable".
Location: 1029 South County Line Rd.
Johnstown, OH 43031

PLEASE READ CAREFULLY BEFORE SIGNING

Serious injury may result from your participation in this activity.
This Stable does not guarantee your safety.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE - in consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from this Stable a horse, tack and equipment, personnel and facility for the purpose of horseback riding today and on all future dates.

NAME _____ AGE ____ WEIGHT _____ HEIGHT _____

HORSE RIDING EXPERIENCE _____

Does this rider have physical and/or mental health conditions, problems, and/or disabilities, which may affect his/her safety and ability to ride a horse? **YES NO** (circle one) If "Yes" describe here: _____

Rider, and if a minor, parent or guardian must write initials below after reading each section.

_____ **B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of this Stable's physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which the Stable is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "horse" herein shall refer to all equine species. The term "horseback riding" shall refer to riding or otherwise handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The term "rider" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I" "me" "my" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

_____ **C. ACTIVITY RISK CLASSIFICATION:** I understand that Horseback Riding is classified as a rugged adventure recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of US Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at US hospitals. Related injuries can be severe requiring more hospital stays and resulting in more lasting residual effects than injuries in other activities. I/we further understand that applicant may be participating in a “wilderness experience” and the meaning of this term is defined as follows: the pursuit of an adventure type activity in a wild, rugged, and uncultivated area or region, as of forest and/or hills and/or mountains and/or plains and/or wetlands, which would likely be uninhabited by people and inhabited by wild animals of many types and species to include, but not limited to mammals, reptiles, and insects, which are not tame, may be savage and unpredictable in nature, and also wandering at their will.

_____ **D. NATURE OF STABLE HORSES:** I understand that: this Stable chooses its horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and this Stable follows a rigid risk reduction program. Yet, 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 horse to ground, it will generally be at a distance of from 3 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where on much smaller, weaker predator animal (human) tries to impose its will on 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.

_____ **E. RIDER RESPONSIBILITY:** I understand that upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends on his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety and that of an unborn child if the rider is pregnant. This Stable advises pregnant women not to ride horses unless permission is given under advice of her physician.

_____ **F. CONDITIONS OF NATURE:** I understand that this Stable 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, water, wild and domestic animals, insects, reptiles which may walk, run or fly near, or bite 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.

_____ **CARRY-ON OBJECTS AND SHARP NOISES:** I understand that riders may not carry loose items which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are: cameras, hats not securely fastened under chin, toys, purses, cell phones, ipods. Riders must not make sharp loud noises such as screaming or yelling which may scare a horse.

_____ **SADDLE-GIRTHS NATURAL LOOSENING:** I understand that saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this, he/she must alert the nearest instructor or assistant as quickly as possible so action may be taken to avoid slippage of the saddle and a potential fall from the animal.

_____ **ACCIDENT/MEDICAL INSURANCE:** I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My Accident/Medical Insurance Company is:

And my policy number is:

_____ **PROTECTIVE HEADGEAR OFFERING:** I, for myself and on behalf of my child and/or legal ward have been offered a SEI certified ASTM Equestrian helmet by this Stable and do understand that the wearing of such headgear while mounted, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's potential head injuries and possibly prevent the wearer's death as the result of a fall and/or other occurrences. It is understood that the Stable provided protective headgear may not be of perfect fit for each rider's head, and that once provided I/we will be responsible for securing the helmet on this rider's head at all times. All participants in Willow Way horse activities MUST wear a SEI certified helmet in order to participate.

_____ **LIABILITY RELEASE:** I agree that in consideration of this Stable allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge this Stable, its owners, agents, employees, officers, directors, representative, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter referred to as "Associates"), from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated, due to this Stable's gross and willful negligence, I shall bring no claims, demands, actions, and causes of action, and/or litigation against this Stable and its Associates stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises or operations of this Stable, to include riding, handling or otherwise being near horses owned by or in the care, custody and control of this Stable, whether on or off the premises of this Stable. All riders and parents or legal guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/we the undersigned have read and do understand the foregoing agreement, warnings, releases and assumption of risk. I/we further attest that all the facts relating to the applicant's physical condition, experience, and age are true and accurate. I/we further attest that I/we are signing this document of our own free will.

Signature of Rider: _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Signature of spouse of Parent or Guardian _____ Date: _____

Address in full: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parents Email: _____

Emergency Contact Name and Phone Number: _____

Food Allergies: _____

Environmental Allergies: _____