

Hidden Jewel Farm
RELEASE OF LIABILITY

NAME OF RIDER: _____

Hidden Jewel Farm, its officers, members, employees and agents will not be responsible for any damages to person or property at the Hidden Jewel Farm or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned person releases Hidden Jewel Farm, its officers, members, employees and agents from any and all liability, claims and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released party.

In exchange for the use of property owned by the Hidden Jewel Farm and other valuable consideration, I agree that my use of the premises and facilities or equipment owned by Hidden Jewel Farm is at my own risk. I further agree to indemnify and hold harmless Hidden Jewel Farm, their respective officers, members, employees, and agent from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omission of the indemnified parties or otherwise.

I also understand that it is my responsibility to carry my own insurance on my animal, my equipment or myself that I or my family personally own. Dangerous equine behavior includes, but is not limited to: biting, kicking, rearing, bucking, shying, bolting, and running away. In addition, tack may break under stress or for no apparent reason. Injuries which may be sustained by a rider/handler include but are not limited to: cuts and bruises, muscle strains, sprains, broken bones, internal injuries, concussions, spinal cord damage, paralysis and death.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content and do comply that this agreement is good until revoked in writing. I also understand that it is good until revoked in writing.

PLEASE SIGN HERE: _____

(Adult rider or parent/guardian of minor rider)

(Please PRINT name legibly)

Date

HELMET WAIVER: (Persons under the age of 18 may not ride without a helmet)

I have been advised about using a protective riding helmet, which could prevent severe injury in the event of any accident. Against the advice of the owner/manager/employee, and the insurance company, I am refusing this critical safety precaution.

Signature _____ **Date** _____ **Date of birth** _____