

# Rider Information and Release of Liability

Negative Coggins Date: \_\_\_\_\_

Accession # \_\_\_\_\_

Horse Name: \_\_\_\_\_

**Please Print** Date: \_\_\_\_\_

Rider Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home # \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Name & Relationship to you: \_\_\_\_\_ \*\*not on premises

Health Insurance Carrier: \_\_\_\_\_

Are there any safety or health issues about you or your horse that we should be aware of?

\_\_\_\_\_

## Release of Liability Agreement

Horses can be very dangerous. I am taking a risk and I assume responsibility for my actions. Be advised that many states limit the liability of equine professionals for horse related injuries. I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as rider, auditor or spectator. I release Trails Etc, host facility, sponsors, agents, employees, assistants and volunteers from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson, clinic, training, assessment, etc, I waive, release and discharge Trails Etc, host facility, sponsors, agents, employees, assistants and volunteers, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Trails Etc, host facility, sponsors, agents, employees, assistants and volunteers against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability, know, and understand its contents. This release is valid unless revoked in writing. Code of Alabama Law 6-5-337

ALL Riders under 18 required to wear a helmet.

ALL Riders riding non owned horses must wear a helmet.

**Please initial one**

\_\_\_\_\_ I will be wearing a helmet

\_\_\_\_\_ I choose NOT to wear a helmet

**I have read, understood and agree to participate within the above Rider Guidelines and Release of Liability.**

**Rider Signature** (or parent/guardian):

\_\_\_\_\_ Date \_\_\_\_\_

*Payment:*

*Cash Check CC*