

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

THIS LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT is made by and between **Reins From Above Therapeutic Riding Center, Inc.**, 86 Polenta Rd., Smithfield, NC 27577 and (Print Name of Participant:) _____ hereinafter referred to as participant, and the parent or guardian of the participant, if the participant is under 18 or otherwise under a legal disability. (Print Name of Parents/Guardians): _____

In Consideration, therefore, for the privilege of riding and/or working with and around horses and/or receiving instruction or assistance and/or using the facilities at 10133 Walter Myatt Rd. Willow Spring, NC or at any event participant attends or competes in with Reins From Above Therapeutic Riding Center, Inc., its agents or assigns, the Undersigned does hereby agree **NOT TO SUE** and to hold harmless and indemnify Reins From Above Therapeutic Riding Center, Inc., its officers, directors, volunteers, employees, agents or assigns or successors, any member of the Medlin family, owners of the property where Reins From Above Therapeutic Riding Center resides, and further releases them from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any horse owned by the undersigned or to any family member or guest accompanying the Undersigned onto the premises or to the event.

Further, **participant understands that there are intrinsic dangers of equine activities**, including but not limited (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Further, participant understands that he/she is responsible for any and all insurance coverage on either his/her horse, property, or his/herself. Reins From Above Therapeutic Riding Center, Inc. and the property owners on which Reins From Above Therapeutic Riding Center, Inc resides, do not and will not carry insurance on you or your property, including your horse.

Further, **participant has been provided with a copy of the Policies and Barn Rules of Reins From Above Therapeutic Riding Center, Inc. and agrees to abide by those rules and guidelines.** Participant also agrees to notify all family members or other persons accompanying him/her to Reins From Above Therapeutic Riding Center, Inc. of those rules and require they abide by those rules. Any failure by participant or his/her family member or guest to abide by the rules may result in participant being asked to leave Reins From Above Therapeutic Riding Center, Inc. indefinitely.

This release shall remain in full force and effect until expressly revoked in writing, and upon revocation, the Undersigned acknowledges that the participant will be immediately dismissed from participation at Reins From Above Therapeutic Riding Center, Inc.

The Undersigned acknowledges that they have read and understand the terms of this release.

Signature of Participant _____ Date: _____
Print Name of Participant: _____

Both parents or guardians must sign if participant is under eighteen (18) years of age or under a legal disability. Both parents with legal custody of a minor must sign.

Parent/Guardian Signature: _____ Date: _____
Print Name: _____

Parent/Guardian Signature: _____ Date: _____
Print Name: _____