

Bainbridge

Equestrian Center

A tradition of excellence and a personal commitment to horse & rider



Karen Brown Owner/Trainer
Hunters/Jumpers/Equitation

Equine Activity Liability Release

WARNING: equine activity sponsors, participants, and professionals qualify for immunity from civil liability due to inherent risks of an equine activity. Inherent risk of an equine activity means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

1. The propensity of an equine to behave in ways that may result in injury, death, loss to persons on/around the equine.
2. The unpredictability of an equine's reaction to sounds, sudden movement unfamiliar objects, persons or other animals.
3. Hazards, including, but not limited to surface or subsurface conditions.
4. A collision with another equine activity participant to act in a negligent

manner that may contribute to injury, death, or loss to the person or participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I understand that Bainbridge Equestrian Center, Inc. does provide equipment and tack.

I understand that Bainbridge Equestrian Center, Inc. does provide equines for rent or lessons.

I understand that Bainbridge Equestrian Center, Inc. does provide riding lessons, instruction or training.

I, being under no restraint and of my own free will, agree to indemnify and hold harmless all persons associated with Bainbridge Equestrian Center, Inc., against any and all losses, claims, actions, or proceedings of every kind and nature or description which may be presented or initiated at any time hereafter to recover money, property, or damages for any injuries to person, or any damage to property suffered or incurred while participating in any equine activity.

I freely assume all risks and hazards that may occur as a result of being an equine activity participant. I have read and understand this Waiver, Release, Covenant Not to Sue, and Hold Harmless Agreement. I accept and agree to be legally bound by all of the terms and conditions of this contract as stated above.

I acknowledge that I and/or my child(ren) wish to participate in the riding program stated above offered by Bainbridge Equestrian Center, Inc. and that my participation is voluntary and of my own desire. I certify that the above facts of personal information are true and that I have read and understand the release. **I HAVE READ THIS ENTIRE EQUINE ACTIVITY LIABILITY RELEASE. THE CONTENTS AND MEANING ARE CLEARLY UNDERSTOOD BY ME.**

X _____ Date: _____

Student Name: _____ Birthday Date: _____

Mother/Father/Guardian First Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Work/Cell Phone: _____ Email: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while working around horses. I authorize Bainbridge Equestrian Center, Inc. or a representative to secure and retain medical treatment and transportation, if needed, and/or release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician or emergency medical personnel. Please fill in the following medical emergency information:

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____

Policy: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Any medical conditions that we should be aware of : _____

Allergies: _____

Photographs & videos are periodically taken of participants during activities. Please be aware that these photographs may be used for Bainbridge Equestrian Center, Inc. Publications, local newspapers and/or website. X _____ Initials

Field Trips are and activity included in certain programs. I authorize such activities as part of this release form. X _____ Initials