

# Horseback Riding

## PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

I recognize that this activity involves risk of injury and that because of the nature of this activity, an injury might occur. In the event of an injury to myself or to a family member, I give permission to the attending physician to render any treatment he deems necessary and agree to pay for such treatment. I agree to release Stepping Stone Farm, Inc., its affiliates, employees and instructors from any and all liability related to any injury. I have sustained or may later sustain while engaging in this activity, and to hold Stepping Stone Farm Inc., its affiliates, employees, and instructors harmless from any claims, cost, or expense related to any injury I have sustained or may later sustain while engaging in this activity. I acknowledge that I have read this statement, fully understand it and sign voluntarily.

**I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS' OR GUARDIANS'S ADDITIONAL INDEMNIFICATION *(Must be completed for participants under the age of 18)*

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by TOR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless TOR from any and all claims which are brought by other parties or by or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

