Date	

AB Equestrian at Stonebridge Ranch

Horse Riding Agreement and Liability Release Form

Please read carefully before signing

Serious in jury may result from your participation in equine activities

Registration of riders and agreement warning: Stonebridge Ranch is not liable for an injury to or the death

of a participant in equine activities resulting from the inherent risks of equine activities. Purpose: The following listed individual hereinafter known as RIDER, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in equine activities on any Stonebridge Ranch site today and on all future dates unless otherwise informed by Stonebridge Ranch: Include age (if under 18) Rider's name Agreement Scope and Definitions: This agreement shall be legally binding upon me, the registered RIDER, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the State of California and the counties of Placer and Nevada. Any disputes by the RIDER shall be litigated in and venue shall be the county in which the instructor is physically located. If any cause, phrase or word is in conflict with state law, then that single part is null and void. The term HORSE herein shall refer to all equine. The term HORSEBACK RIDING or RIDING herein shall refer to riding or otherwise any handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The term RIDER shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term, ME or MY shall herein refer to the above registered rider and parental or legal guardians there of a minor. The term Stonebridge Ranch shall refer to instructors, horse handlers, volunteers, associates or any individual that interacts with the RIDER and the horse on behalf of Stonebridge Ranch, Mike and Susan Leonard (property owners) or Alexis Brasier (ranch manager) or other affiliate site property owners. <u>initials</u> Activity Risk Classification: I understand that: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity, despite all safety precautions taken. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. Nature of Riding Horses I understand that: No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of 3 to 51/2 feet and the impact may result in injury to the RIDER. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; changing directions or speed at will; shifting its weight; bucking, rearing, kicking, biting, or running from danger. initials Rider Responsibility I understand that: Upon mounting a horse and taking up the reins, or takes up the rope of a haltered horse, the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal or remain in control. If the RIDER is pregnant, the RIDER or the parents or legal guardians there, MUST RIDE UNDER THE WRITTEN AUTHORIZATION FROM THEIR PHYSICIAN. The authorization must be on file with Stonebridge Ranch prior to handling horses under a horse handler's care. Stonebridge Ranch advises pregnant women not ride horses. The RIDER shall be responsible for his/her safety, and that of an unborn child. Condition of Nature Stonebridge Ranch, its agents, instructors or horse handlers are NOT responsible for total or

weather, temperature and natural or man-made changes in landscape. ______initials
INSPECTION OF PREMISES I understand that the RIDER or legal guardian has inspected the premises and is satisfied that the area is reasonably safe for RIDER'S intended purpose, usage and presence upon the premises. I acknowledge the risks and potential for risks of horseback riding and activities in and around a facility/ranch where

partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE BUT NOT LIMITED TO: thunder, lightning, rain, snow, ice, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on an outdoor un-groomed or wild land which is subject to constant change in condition according to

horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my
daughter/my ward are greater than the risk assumedinitials
Accident/Medical and Personal Liability Insurance I agree that: Should medical treatment be required, I and/or
my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical
insurance company card will be displayed to the instructor/horse handler. Should my actions or that of my horse
cause injury or damage of any kind I and/or my personal liability shall pay for such damages initials
PROTECTIVE GEAR WARNINGI agree that: I, for myself and on behalf of my child and/or legal ward have
been fully warned and advised by Stonebridge Ranch requires protective headgear to be worn while riding and being near horses and I do understand that the wearing of such headgear while on or around a horse may reduce the severity of some of the wearers head injuries and possibly prevent the wearer's death as the result of a fall or other
accident. initials
Liability Release I agree that In consideration of Stonebridge Ranch allowing my participation in this activity, under the terms set forth herein, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, discharge and waive forever all claims for loss or damages of any kind against Stonebridge Ranch, its agents, instructors or horse handlers and trails, employees, volunteers and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, whether the danger be known or unknown or unanticipated, due to the instructor's or horse handler's and/or associates ordinary negligence; and I do further agree that except in the event of the any gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against Stonebridge Ranch, Mike and Susan Leonard (property owners) or Alexis Brasier (ranch manager) other property owners or agents of properties, or those described herein, and all other persons and organization(s) in any way affiliated with the events, property, boarding, lessons, training or any other activity described herein, their representatives, heirs, executors, administrators, and assigns as stated above in this clause, to any economic and non-economic losses due to bodily injury, death, and/or property damage, sustained by me handling, or otherwise being near horses owned or in the care, custody or control of the instructor or horse handler, whether on or off the premises.
I DO NOT consent to and authorize the use and reproduction by Stonebridge Ranch of any and all photographs and any other audio/visual materials taken of me for promotional or educational materials, exhibitions or for any other purpose for the benefit of a Stonebridge Ranch activity. SIGNER STATEMENT OF AWARENESS I/WE THEUNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK I/WE FURTHER
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ATTEST THAT ALL FACTS RELATION TO THE APPLICANT ARE TRUE AND ACCURATE. All riders and parents or legal guardians of minors must sign below after reading this entire document.
An inders and parents of legal guardians of minors must sign below after reading this entire document.
□No □Yes Allergic to bee stings?
Signature of Rider or If under 18 signature of parent/guardian
Date
Name (please print) Date
Address
CityState & Zipcode
Home phone Business phone or cell
Email address