

AGREEMENT

LIABILITY RELEASE AND DISCHARGE, ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGMENT OF RISKS

I, the undersigned, being above age eighteen, or the legal guardian of the undersigned who is under 18, in consideration of the services of Schooner Valley Stables LLC, and all other persons or entities, release and discharge Schooner Valley Stables LLC, and all other persons or entities, on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and / or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property or to spectators or other third parties. The following describes some, but not all, of those risks.

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| 1. Riding in rugged or steep terrain | 4. Rider falling off horse |
| 2. Possibility of horse tripping or stumbling | 5. Biting or kicking while riding or mounting |
| 3. Emotional trauma due to activity of riding a horse | |

Warning: Under Indiana Law an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

2. Being aware that this activity entails known and unknown risks of injury to myself and a risk of injury to spectators or other third parties as a result of my actions, I agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself, to others, or to my property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Schooner Valley Stables LLC, its agents or employees, and all other persons or entities from any liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically but not limited to the negligent acts or omissions of Schooner Valley Stables LLC, its agent or employees, and all other persons or entities for any and all injury, death, illness or disease, and damage to myself or to my property. **IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST SCHOONER VALLEY STABLES LLC, OR ITS OFFICERS, AGENTS, OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.**

4. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

Date _____

Name of Participant/Guardian (**PRINT**): _____ AGE: _____

Name of Participant if under 18 years old: _____ AGE: _____

Signature of Participant/Guardian: _____

Are you **under** the 230 pound weight limit? Yes / No

In the last 5 years, I have ridden (circle one): (0-10 times) (11-20 times) (20+)