

Kate Halle Training Center Riding Release

THIS DOCUMENT AFFECTS YOUR RIGHTS IN THE EVENT OF INJURY

I, _____ will be engaging in equine activities using horses, tack, equipment and facilities and/or property leased, borrowed or owned by Kate Halle Training Center and/or the owners of the facility leased by Kate Halle Training Center (Joe or Karen Taylor). As a student/rider/participant in horse related activities, I understand that there are risks involved in all equine activities. I waive the right to bring action, suit, claims for relief, demands, damages and any other obligations for any injury or death arising out of or connected in any way to participation in horse related activities. This includes, but is not limited to; riding, grooming, training, longeing, driving and/or exercising horses. I also release Kate Halle Training Center, it's management, administrators, employees and owners from liability for any negligence or liability for any injury or death connected in any way with horse related activities. If for any reason any provision of this release is deemed invalid, the remainder shall remain in effect. If I am being furnished equipment or tack, I acknowledge it has been reasonably inspected for safety and suitability. This release contains the entire contractual agreement between the parties involved.

If I am being furnished an equine, I acknowledge that reasonable efforts have been made to determine my ability to safely ride, train, handle and groom the horse furnished. I have disclosed my riding and horse handling experience to my instructor or supervisor.

X _____ (rider signature)

I understand that if I am UNDER 18 YEARS OF AGE that I am required to wear a helmet.

X _____ (rider signature)

I understand that if I am an adult it is recommended that I wear a protective riding helmet while engaging in equine activities. I acknowledge the risks and that a helmet has been offered to me.

X _____ (adult rider signature)

I HAVE READ AND UNDERSTAND THIS RELEASE.

Name: _____ Phone: _____

Address: _____

Signature: _____ (Student)

Signature: _____ (Parent if student is a minor)

IN CASE OF AN EMERGENCY, CONTACT: _____ Phone: _____