

Riding Instruction Agreement and Liability Release

By this agreement, made and entered this _____ day of _____, 20____ by and between _____ residing at _____

& Shady Creek Riding Academy (SCA) and Shady Creek Farm (SCF)

it is hereby agreed to as follows:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student(s) at this stable, and that student will either ride his or her own horse or school horses provided by SCA and SCF for instructional purposes.

2. That in the last two years student has ridden horses (write each student's name or names beside appropriate amount of riding time for that student):

- A . Less than 10 hours _____
B . 10 to 20 hours _____
C . 20 hours or more _____

3. That parent or guardian and student understand that horses are unpredictable by nature and that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite: that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will generally be from 3 1/2 to 5 1/2 feet. I understand these risks and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understand that upon mounting the horse and taking up the reins the rider is in primary control of the horse and that SCA and SCF is not responsible for the results of student's actions or inactions. The rider further agrees not to abuse, misuse, or deliberately agitate the horse as these actions may result in increased risk to others and myself.

5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in and around the stable so as to prevent horse related injuries.

6. **LIABILITY RELEASE:** That I understand that, except in the event of this stable's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on this stables premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of this stable and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions, and causes of action for such injuries sustained to my person or that of my child or legal charge or property.

THE ABOVE IS IN COMPLIANCE WITH TENNESSEE CODE.

7. That the student is currently covered by accident medical insurance and will remain insured for the duration of all riding instruction at this stable.

Name of Insurance Co. _____

Policy No. _____

That I further understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

8. That this agreement is entered into in the state of TENESSEE and will be interpreted and enforced under its laws.

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to this stable's rules to be found posted in the barn and incorporated herein by this reference.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

FULL NAME(S) OF STUDENT RIDER(S) IF UNDER AGE (under 18) OR UNDER GUARDIANSHIP:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

Listed on the reverse side is the detail of any allergies, ailments, or handicap a student may have, and of which this stable should be aware.

PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF RIDER _____ DATE _____

(if legal age and not under guardianship)

FULL ADDRESS _____

HOME # _____ WORK # _____ MOBILE # _____

EMAIL ADDRESS _____