

Waiver & Liability Release



Shadow Hills Equestrian Center
10263 La Canada Way
Shadow Hills, CA 91040

PLEASE PRINT

Full Name _____

SERIOUS INJURY MAY RESULT FROM RIDING, WORKING ON THE GROUND, OR BEING IN THE VICINITY OF HORSES.

Please read carefully before signing:

This is a waiver regarding your legal rights and an agreement not to enter into legal arbitration and/or litigation with: Shadow Hills Equestrian Center, Inc., Shadow Hills Riding Club, Inc., John T. Higginson (property owner), George Kallimanis (property owner), Don and Candy Trubey (property owners).

1. LIABILITY RELEASE

In consideration of SHADOW HILLS EQUESTRIAN CENTER allowing my participation in this activity, under the terms set forth herein, I, the RIDER/OWNER/VISITOR, and the parent or guardian thereof if a minor do agree to hold harmless and release SHADOW HILLS EQUESTRIAN CENTER its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to SHADOW HILLS EQUESTRIAN CENTER ordinary negligence; and I do further agree that except in the event of SHADOW HILLS EQUESTRIAN CENTER gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions, and causes of action, against SHADOW HILLS EQUESTRIAN CENTER and/or its associates, for any economic and non-economic losses due to bodily injury, death, or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of SHADOW HILLS EQUESTRIAN CENTER to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of SHADOW HILLS EQUESTRIAN CENTER.

A. NATURE OF HORSES – No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a

Waiver & Liability Release

horse to the ground it will generally be at a distance of from 3 ½ to 5½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where on much smaller, weaker predator animal (human) tries to impose its will on, and become a unit of movement with, another much larger, stronger prey animal with a mind of its own (horse), and each has a limited understanding of the other. 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. I fully understand these terms. Initial here _____.

B. ACTIVITY RISK CLASSIFICATION – Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. I understand that women while pregnant only ride with direct consent from their doctor.

C. PROTECTIVE HEADGEAR WARNING – I have been fully warned and advised by SHADOW HILLS EQUESTRIAN CENTER that the RIDER should purchase and wear protective headgear (riding helmet) and that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce the severity of some head injuries and even prevent death from happening as the result of a fall or other occurrence. Minors 16 and under are required to wear protective headgear, unless in special circumstances and waived by a parent or legal guardian. Initial here _____.

D. CONDITIONS OF NATURE – SHADOW HILLS EQUESTRIAN CENTER is NOT responsible for total or 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 thunder, lightning, rain, wind, wild and domestic animals, insects, and reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to the constant change in condition according to weather, temperature, and natural and man-made changes in the landscape.

E. INSPECTION OF PREMISES – RIDER has inspected SHADOW HILLS EQUESTRIAN CENTER facilities and trails and is satisfied that all premises conditions are reasonably safe for RIDER'S intended purpose, usage, and presence upon the SHADOW HILLS EQUESTRIAN CENTER premises Initial here _____.

F. ACCIDENT/MEDICAL AND PERSONAL LIABILITY INSURANCE – Your safety is of our greatest concern. However, in case of an accident, should non-emergency and/or emergency 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 is _____ and my policy number is _____. My personal liability insurance company is _____ and my policy number is _____. I give my permission to have the staff, instructors, owner of SHADOW HILLS EQUESTRIAN CENTER to call emergency services if I am unconscious. Initial here _____. If I verbally or have written agreement to SHADOW HILLS

Waiver & Liability Release

EQUESTRIAN CENTER, including all staff, employees, trainers and instructors, to give permission to call emergency services in event of an accident, I will not hold SHADOW HILLS EQUESTRIAN CENTER financially responsible.

Should my actions or that of my horse cause injury or damage to another person or the property of any kind above and beyond normal wear and tear of property used by horses, I and/or my own personal liability shall pay for such damages. This includes chewing and destroying fences, ripping apart buckets, pipes, or stall damage caused by kicking, rolling, casting, biting, cribbing, chewing, and any other vices. Initial here_____. All Riders and Parents or Legal Guardians must sign below after reading this entire document: SIGNER STATEMENT OF AWARENESS: I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER/VISITOR/HORSE OWNER
(Parent must sign for rider 17 & under.)

DATE _____

SIGNATURE OF PARENT, or GUARDIAN

DATE _____

Please Print Minor Riders Name

Full Address

Home Phone #: _____ Bus. Phone #: _____

Email address (please print carefully)

Horse experience, please check the box below:

Beginner Intermediate Advanced Professional

Waiver & Liability Release

2. Photo and Video Release:

_____ I consent to and authorize
_____ I do not consent to nor do I authorize

The use and reproduction by Shadow Hills Equestrian Center of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities, or for any other use for the benefit of the program.

_____ DATE _____
SIGNATURE OF RIDER/VISITOR/HORSE OWNER
(Parent must sign for rider 17 & under.)

_____ DATE _____
SIGNATURE OF PARENT, or GUARDIAN

Please Print Minor Riders Name