

**RideAbility Therapeutic Riding Center, Inc**

**Participants Release from Liability and Indemnity and Hold Harmless Agreement  
PARTICIPANT RELEASE FROM LIABILITY FORM  
RIDEABILITY THERAPEUTIC RIDING CENTER, Inc, 937 Stallion Spirit Trail, Clover, SC, 29710  
PLEASE READ CAREFULLY BEFORE SIGNING**

**SERIOUS INJURY MAY RESULT FROM YOUR or YOUR CHILD'S PARTICIPATION IN THIS ACTIVITY.  
RideAbility Therapeutic Riding Center, Inc. CANNOT GUARANTEE YOUR SAFETY.**

**A. REGISTRATION VOLUNTEER AGREEMENT PURPOSE:** In consideration of signing of this agreement, We, the parents of the minors or the volunteer over 18 years old listed on the registration form do hereby voluntarily request and agree to our child(ren)'s participation in volunteering and/or riding, at RideAbility Therapeutic Riding Center Inc. and that this volunteer/student will either ride/volunteer with a school horses provided by for RideAbility Therapeutic Riding Center, Inc. instructional purpose, today and on all future dates.

**B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon the registered volunteer/ student and/or 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 South Carolina and York County. If any clause, phrase, or word is in conflict with state law, then that single part in null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horse, ponies, whether from on the ground or mounted. The terms "CAMPER" and/or "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 "I/WE" shall herein refer to the riding school volunteer/student or parents of the registered student on the opposite side.

**C. ACTIVITY RISK CLASSIFICATION:** I/WE UNDERSTAND THAT: Horseback riding is classified as 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.

**D. NATURE OF RIDEABILITY'S HORSES:** I/WE UNDERSTAND THAT: RideAbility Therapeutic Riding Center Inc. chooses its horses for their calm dispositions and sound basic training as is required for use for volunteer/student riders and RideAbility Therapeutic Riding Center Inc. follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 time larger, 20 to 40 times more powerful and 3 to 4 time faster than a human. If a rider falls from a horse to ground it will generally be a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another 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.

**E. CONDITIONS OF NATURE AND INSPECTION OF PREMISES:** I/WE UNDERSTAND THAT: RideAbility Therapeutic Riding Center, Inc. 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, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly nearby, or bite or sting a horse or person; and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition according to whether, temperature, and natural and man-made changes in landscape. We have inspected facilities and a RideAbility Therapeutic Riding Center, Inc. and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage, and presence upon RideAbility Therapeutic Riding Center, Inc, premises.

**F. SADDLE GIRTH/NATURAL LOOSENING:** I/WE UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

**G. ACCIDENTAL/MEDICAL INSURANCE:** WE AGREE THAT: Should emergency medical treatment be required, WE and/or my own accidental/medical insurance company shall pay for all such incurred expenses.

Name of Rider/Volunteer \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Email if volunteer is under 18: \_\_\_\_\_ Please add as we will be sending updates.

My accidental/medical insurance is \_\_\_\_\_ My policy number is \_\_\_\_\_

H. **ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED:** I/WE AGREE: to purchase protective or borrow from RideAbility, headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. It will be worn while riding and WE do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences.

I. **HOLD HARMLESS AGREEMENT-LIABILITY RELEASE:** I/WE AGREE THAT: In consideration of THIS PROGRAM/SCHOOL allowing myself or our child's participation in these riding/volunteer activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge, RideAbility Therapeutic Riding Center Inc. its owners, agents, employees, volunteers, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated, due to RideAbility Therapeutic Riding Center, Inc. the captions of all the parties Cherokee Three Farms LLC, JT Squared Inc., Jonathan W Wright, Theresa M Wright, Taylor Wright Cherokee Farms Homeowner's Association, Inc. ("Cherokee HOA") and/or its associates, their heirs, successors, legal representatives and assigns ordinary negligence; and I or We the parents, do further agree that except in the event of RideAbility Therapeutic Riding Center, Inc. gross negligence and willful and wanton misconduct, We shall not bring any claims, demands, legal actions and causes of action, against the captions RideAbility Therapeutic Riding Center, Inc. of all the parties, Cherokee Three Farms LLC, JT Squared Inc., Jonathan W Wright, Theresa M Wright, Taylor A Wright, Cherokee Farms, Cherokee Farms Homeowner's Association, Inc. ("Cherokee HOA") and/or its associates, their heirs, successors, legal representatives and assigns as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of RIDEABILITY, to include while riding, handling, or otherwise being near horses owned by or in the care, custody, and control of RideAbility Therapeutic Riding Center, Inc. or participating in any of the school activities, whether on or off the premises of RideAbility Therapeutic Riding Center, Inc.

EQUINE WARNING: THIS IS AN EQUINE FACILITY. UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976. By your presence on these grounds you have indicated that you have accepted the inherent risk of equine activities. THIS IS NOT A SPECTATOR AREA. All persons in this area will be regarded as Participant and bound by the terms of the equine inherent risk law.

I have read and understand this release and the Equine Warning. I fully understand and agree to the terms of this Release From Liability Form. Signature below.

**x Signature Parent/Rider/Legal Guardian/Volunteer**  
**I have read Equine Law:** \_\_\_\_\_

**RIDERS OVER 18 OR 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. WE FURTHER ATTEST THAT ALL FACTS RELATING THE CAMPERS PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

J. **PHOTO RELEASE:** By signing here I/We give our permission for RideAbility Therapeutic Riding Center, Inc. to use any still or video photography of myself/our child(ren) for any photographic materials.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ Email \_\_\_\_\_

**SIGNATURE OF RIDER/VOLUNTEER or (parent/guardian if under 18. Email \_\_\_\_\_**

**DATE** \_\_\_\_\_

Signature RideAbility Therapeutic Riding Center, Inc. received and complete \_\_\_\_\_ Date \_\_\_\_\_