

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this _____ day of _____, 20__ by and between _____ who reside at _____, hereinafter referred to as "I" and Brighton Meadows at 4565 S. 1500 East hereinafter referred to as "This Stable".

It is hereby agreed to as follows

1. That I, the undersigned, do for myself or on the behalf of my child or legal ward, hereby voluntarily request to participate in riding instructions as a student at This Stable, and that student with either ride his or her own horse, or school horses provided by This Stable for instructional purpose.
2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time.):
 - A. Less than 10 hours _____ Student's name _____
 - B. 10-20 hours _____ Student's name _____
 - C. 20 hours or more _____ Student's name _____
3. That parent or guardian and student understand that horses are unpredictable by nature; 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, that fall distance will be generally from 3 ½ to 5 ½ feet. I understand these risks, and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that This Stable is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to him/herself and others.
5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in 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 my bodily injury or property damage which I or my child or legal ward should sustain on This Stable's 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 incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the 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 actions for such injuries sustained to my person, or that of my child or legal charge and/or property.

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 company_____

Policy Number_____

That I further understand that should medical emergency treatment be required, the current insurance information here listed 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 Utah and will be interpreted and enforced under the laws of this state.
9. Upon the signing of this agreement, student acknowledges that ge/she has read and agrees to be bound to This Stable's rules.

I, THE UNDERSIGNED BEING OF LEGAL AGE AND OF 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 UNDERAGE OR GUARDIANSHIP:

1. _____ **AGE** _____

2. _____ **AGE** _____

3. _____ **AGE** _____

List the details of any allergies, ailments or handicap a student may have, and of which This Stable should be aware.

Please indicate physical or health conditions that might influence the student's ability or well-being.

PARENT OR GUARDIAN _____ **DATE** _____

SIGNATURE OF RIDER _____ **DATE** _____

(If of legal age and not under guardianship)

Full Address _____

Home phone _____ **cell** _____ **work** _____