

# Salt Creek Ranch Saddle Barn

## *Release of Liability, Assumption of Risk and Indemnity Agreement*

In consideration of permission to enter for any purpose, the non-public area defined as the area of land known as Salt Creek Ranch Saddle Barn, I hereby understand and agree as follows:

I release, discharge, and agree not to sue Salt Creek Saddle Barn, the officers, trustees, employees, and agents, owners, riders, owners of the premises used in connections with Salt Creek Saddle Barn, and each of their respective employees and agents, from all claims, demands, actions, cause of action, liability loss or injury (including death) or whatsoever kind, nature or connection with the above stables while I am in the non-public area. I assume full responsibility for the risk of loss, damage (including death) of whatsoever kind, Salt Creek Ranch Saddle Barn, its officers, trustees, employees and agents and each of their respective employees and agents, while I am for any reason in the non-public area voluntarily and upon reliance of my own judgment and ability and knowledge of the risks and hazards to myself and property while entering upon and departing such areas. I indemnify and hold harmless Salt Creek Ranch Saddle Barn, its officers, trustees, employees and agents and each of their respective employees and agents, from any loss, liability, damage or cost of each of them may incur due to my presence in the above described area. This release, assumption of risk, and indemnity agreement is held invalid, the balance shall notwithstanding continue in full legal force and effect.

I have read and voluntarily signed this release, assumption of risk, and indemnity agreement, and I certify that no oral representation, statements, or inducements apart from the foregoing written agreement have been made. I voluntarily relinquish any and all rights to take any legal action against Salt Creek Ranch Saddle Barn and all officers, owners, riders, and owners of the premises used in connection with Salt Creek Ranch Saddle Barn, and each of their respective employees and agents, for any accident injury or death that may occur to me or my family while on above said premises.

## **WARNING**

UNDER INDIANA LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF THE EQUINE ACTIVITIES.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_