HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS This form must be completed by and for each participant

Ray Dotson, DBA Stockyards Stables and Horseback Riding(Stable Name, hereinafter known as "This Stable")

128 Each Exchange Ave. Fort Worth, Texas 76164

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURIES MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY, THIS STABLE DOES NOT GUARANTEE YOUR SAFETY

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** – in consideration of the payment of a fee and the signing of this agreement, I. the Following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, Personnel and trail for the purpose of horseback riding today and on all future dates: **BOTH PARENT AND CHILD MUST INITIAL**

Rider Name	Age
Weight Over 240lbs Yes No Horse Riding Experience Under 10 hours	Over 10 Hours
Does this rider have any physical and/or mental health conditions, problems, and/or disabilities which ma	y affect his/her safety and ability to ride
a horse? YES NO	
If YES, Explain:	

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estates, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and country of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground or mounted. The term "RIDER" shall herein after refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I', "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

Parent initials Rider initials

C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECRE-ATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United states Consumer Products), horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "WILDER-NESS EXPERIENCE" and that the meaning of this term is defined as follows: THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST AND/OR HILLS AND/OR MOUNTAINS AND/OR PLAINS AND/OR WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMELS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.

Parent initials Rider initials

D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: THIS STABLE chooses its rental horses for calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and THIS STABLE follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 - 4- times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3.5 to 5.5 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 another much stronger larger, stronger prey animal with a mind of tit's 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.

Parent initials Rider initials

E. RIDERS RESPONSIBILITY - I UNDERSTAND THAT: upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his or her own safety and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women do not ride horses, unless permission is given under advice of her physician.

Parent initials Rider initials

F. CONDITIONS OF NATURE - I UNDERSTAND THAT: THIS STABLE 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, water, wild and domestic animals, insects, reptiles which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man made changes in land-

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Parent initials Rider initials

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G. CARRY-ON OBJECTS AND SHARP NOISES - I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. SOME EXAMPLES ARE: Cameras, hats not securely fastened under chin, toys, and purse. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse. CELL PHONES ARE NOT ALLOWED AROUND HORSES.

Parent initials Rider initials

H. **SADDLE GIRTHS – NATURAL LOOSENING** - I 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 nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

Parent initials Rider initials

I. ACCIDENT/MEDICAL INSURANCE - I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses.

Parent initials Rider initials

J. **PROTECTIVE HEADGEAR OFFERING** - I, for myself and on behalf of my child and/or legal ward, will be offered a protective helmet by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be perfect fit for each rider's head, and that once provided the rider will be responsible for securing the helmet on his/her head at all times. ALL RIDERS MUST WEAR HELMETS

Parent initials Rider initials

K. LIABILITY RELEASE - I UNDERSTAND THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, it's owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, 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 or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES 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 and/or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or other wise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE, whether on or off the premises of THIS STABLE.

Parent initials Rider initials

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'S PHYSICAL CONDITION, EXPERIENCE, AGE AND WEIGHT ARE TRUE AND ACCURATE.

I UNDERSTAND THAT:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AND EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.

I UNDERSTAND THAT:

PURSUANT TO THE PROVISION OF CHAPTER 75 OF THE TEXAS CIVIL PRACTICE AND REMEDIES CODE TH OWNER OF THESE PREMISES BY GIVING PERMISSION TO ENTER UPON THESE AGRICULTURAL LANDS FOR RECREATION DOES NOT ASSURE THAT THE PREMISES ARE SAFE FOR THAT PURPOSE NOR DOES SUCH OWNER OWE ANY DUTY OF CARE GREATER THAN IS OWED TO A TRESPASSER.

SIGNATURE OF RIDER			DATE DATE	
SIGNATURE OF PARENT AND/	OR LEGAL GUARDIAN			
ADDRESS IN FULL				
CITY	STATE	PHONE		

EMAIL ADDRESS_

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