



HORSE USE/LESSON AGREEMENT AND LIABILITY RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN THIS ACTIVITY. CITY VIEW EQUESTRIAN, LLC DOES NOT GUARANTEE YOUR SAFETY.

Warning: By signing this agreement you are waiving your liability rights. You are agreeing that you are willingly involving yourself or the person you represent in a dangerous activity that could lead to injury or death.

- A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE.** By signing this agreement, I and the parent or legal guardians thereof if a minor, do hereby agree to hire or borrow from City View Equestrian, LLC a horse, tack and equipment or to use City View Equestrian, LLC's facility and/or take instruction for the purpose of horseback riding today and on all future dates.

RIDER NAME	Date of Birth (if under 21)
_____	_____

Does this rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her ability to safely ride a horse? Yes _____ No _____ If yes, describe here:

WRITE INITIALS BELOW AFTER READING EACH SECTION. RIDER AND PARENTS OR GUARDIANS MUST INITIAL.

- _____ 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, estate, assigns, including all minor children, and personal representatives and it shall be interpreted according to the laws of New York. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "horse" herein refers to all equine species. The term "horseback riding" herein refers to riding or otherwise handling of horses or ponies, whether from the ground or mounted. The term "rider" herein refers 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.
- _____ C. **ACTIVITY RISK CLASSIFICATION.** I 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 STABLE HORSES.** I understand that City View Equestrian, LLC chooses its lesson horses based on their safe behavior. Yet, 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 horse to ground it will generally be at a distance of up to six feet, and the impact may result in injury to the rider. 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 suddenly; changing directions or speed at will; shifting its weight; bucking, rearing, kicking, biting, running from danger.

- _____ E. RIDER 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 largely 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/her own safety, and that of an unborn child if the rider is pregnant.
- _____ F. CONDITIONS OF NATURE. I understand that City View Equestrian, LLC, McCormack Properties, LLC and Elizabeth Renshaw are NOT responsible for 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, water, wild and domestic animals, insects or 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 landscape.
- _____ G. CARRY-ON OBJECTS AND SHARP NOISES. I understand that riders must not carry items which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse, and also must not carry sharp or pointed objects in their pockets which could cause injury in a fall. Riders must not make sharp loud noises, such as screaming or yelling, which may scare a horse.
- _____ H. 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. My insurance company is _____ and my policy number is _____. I hereby authorize City View Equestrian, LLC, McCormack Properties, LLC or Elizabeth Renshaw to provide emergency medical care authorization or transportation for me or for my child.
- _____ I. PROTECTIVE HEADGEAR. I understand that City View Equestrian, LLC, McCormack Properties and Elizabeth Renshaw requires the use of a helmet for all students when riding at all times, and provides SEI certified ASTM Standard Equestrian Helmets for use by students who do not own a helmet. City View Equestrian, LLC's, McCormack Properties and Elizabeth Renshaw's helmets may not be a perfect fit for each rider's head. While these helmets may reasonably be expected to prevent or reduce the severity of some of the wearer's head injuries in the event of a blow to the head, use of these helmets does not eliminate the possibility of head injury.
- _____ K. LIABILITY RELEASE. I agree that in consideration of City View Equestrian, LCC, McCormack Properties and Elizabeth Renshaw 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 City View Equestrian, LLC, McCormack Properties, LLC, Elizabeth Renshaw, its 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 City View Equestrian, LLC's, McCormack Properties, LLC, or Elizabeth Renshaw and/or its associates ordinary negligence; and I do further agree that except in the event of City View Equestrian, LLC's, McCormack Properties, LLC, or Elizabeth Renshaw gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against Cornerstone Farm 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 City View Equestrian, LLC McCormack Properties, LLC, or Elizabeth Renshaw, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of City View Equestrian, LLC, McCormack Properties, LLC, or Elizabeth Renshaw, whether on or off the premises of City View Equestrian, LLC.

All Riders and Parents/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, and age are true and accurate.

SIGNATURE OF RIDER

Date

SIGNATURE OF PARENT, GUARDIAN

for

NAME OF RIDER (please print)

DATE

Address in full: _____

Home Phone: _____

Cell Phone: _____

Texts allowed?: Yes / No

Email address of Rider: _____

Email address of Parent/Guardian: _____

Emergency contact: _____
Name

Relationship

Phone #