

RNR STABLES – **GROUPON PROGRAM**

RIDER RELEASE AND WAIVER

I am aware that horseback riding and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained ones, are often unpredictable and are often difficult to control.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST R-N-R STABLES, OR EMPLOYEES OVER WHOSE PROPERTY I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, R-N-R STABLES, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

WARNING:

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

Today's Date

Riders Name

Age

Signature (or Legal Guardian of rider if under the age of 18)

Print Name of Signature (or Legal Guardian of rider if under the age of 18)

Address

City

ST

Zip

Phone

Email (Please print clearly)

Program Purchased

Groupon # *(top right hand corner of Groupon)*

_____ One - 1 hour Session

_____ Three - 1 Hour Session

_____ Five - 1 Hour Session

(Note: A "Rider Release and Waiver" form must be signed at the time of each session)