HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS

This form must be completed by and for each participant

Cedar Valley Stables, Inc.

STABLE NAME, hereinafter known as "THIS STABLE"

Location: 1492 Harding Ave. Tipton, IA 52772

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. <u>REGISTRATION OF RIDERS AND AGREEMENT PURPOSE</u> - 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 all future dates.

Age

(If under 21)

Please Print (Rider's Name)

Weight

(over #240)

		No	Over 10 hours
ability to	s rider have physical and/or mental health conditions, probler ride a horse? NO (Circle one) If "yes" describe here:	ns, and/or disabilities	which may affect his/her safety and
V	Write initials below after reading each section. Parents & Guardians must also initial		
B.	AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS-This agreemen legal guardians thereof if a minor, my heirs, estate, assigns, include interpreted according to the laws of the state and county of THIS STA and venue shall be the county in which THIS STABLE is physically let that single part is null and void. The term "HORSE" herein shall refer refer to riding or otherwise handling of horses, ponies, mules, or don herein refer to a person who rides a horse mounted or otherwise handles shall herein refer to the above registered rider and the parents or legal great states.	ling all minor children, at BLE'S physical location. ocated. If any clause, phrato all equine species. The keys, whether from the grees or comes near a horse f	and personal representatives: and it shall be Any dispute by the rider shall be litigated in use or word is in conflict with state law, then term "HORSEBACK RIDING" herein shall bound or mounted. The term "RIDER" shall from the ground. The terms "I", "ME" "MY
/	ACTIVITY RISK CLASSIFICATION - I UNDERSTAND THAT: Horseb SPORT ACTIVITY, and that there are numerous obvious and non-oprecautions. According to NEISS (National Electronic Injury Surveill 64 th among the activities of people relative to injuries that result in a hospital days and resulting in more lasting residual effects than injurparticipating in a "WILDERNESS EXPERIENCE" and that the ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UN and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WH INHABITED BY WILD ANIMALS OF MANY TYPES AND REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY WANDERING AT THEIR WILL.	obvious inherent risks alwa ance Systems of United Sta a stay at U.S. hospitals. R ries in other activities. I/V meaning of this term is NCULTIVATED AREA OF HICH WOULD LIKELY SPECIES TO INCLUDE,	ays present in such activity despite all safety ates Consumer Products) horse activities rank elated injuries can be severe requiring more VE further understand that applicant may be defined as follows: THE PURSUIT OF R REGION, AS OF FOREST and/or HILLS BE UNINHABITED BY PEOPLE AND BUT NOT LIMITED TO, MAMMALS,
/	D. Nature of Stable Horses - I UNDERSTAND THAT: THIS ST basic training as is required for use as riding horses for novice and be no horse is a completely safe horse. Horses are 5 to 15 times larger, 2 rider falls from horse to ground it will generally be at a distance of Horseback riding is the only sport where one much smaller, weaker particularly stronger prey animal with a mind of its own (horse) and each has a lin may divert from its training and act according to its natural surviva Changing direction or speed at will; Shifting its weight; Bucking, Rear	ginning riders, and THIS S' to 40 times more powerf from 3 ½ to 5 ½ feet, and oredator animal (human) traited understanding of the 1 instincts which may inch	TABLE follows a rigid safety program. Yet, iul, and 3 to 4 times faster than a human. If a the impact may result in injury to the rider, ies to impose its will on another much larger other. If a horse is frightened or provoked it ude, but are not limited to: Stopping short;

Horse Riding Experience

Reginner (under 10 hours)

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

PLEASE READ CAREFULLY BEFORE SIGNING

E.	RIDER RESPONSIBILITY - I UNDERSTAND THAT: horse. The rider's safety largely depends upon his/her the moving animal. I agree that the rider shall be responsible. STABLE advises pregnant women not to ride horses, under the rider shall be responsible.	r ability to carry out simple instructions, and hi consible for his/her own safety, and that of an unb	s/her ability to remain balanced aboard porn child if the rider is pregnant. THIS		
F. /	<u>CONDITIONS OF NATURE</u> - I UNDERSTAND THAT: of nature that can scare a horse, cause it to fall, or re wind, water, wild and domestic animals, insects, repti footing on out-of-door groomed or wild land which is and man-made changes in landscape.	act in some other unsafe way. SOME EXAM iles, which may walk, run, or fly near, or bite of	<u>PLES ARE:</u> Thunder, lightning, rain, or sting a horse or person; and irregular		
	-	CTAND THAT Dilam and day of the land	6.11.1.1		
/	G. <u>CARRY-ON OBJECTS AND SHARP NOISES</u> - 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. <u>SOME EXAMPLES ARE:</u> cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse.				
H.	<u>SADDLE GIRTHS-NATURAL LOOSENING</u> - I UNDERS a ride. If a rider notices this he/she must alert the near saddle and potential fall from the animal.				
I.	I. <u>ACCIDENT/MEDICAL INSURANCE</u> - I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company <u>shall pay</u> for <u>All</u> such incurred expenses. My accident/medical insurance company is and my policy number is				
J.	J. PROTECTIVE HEADGEAR OFFERING: I for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding 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 head injuries, and may even prevent death happening as the result of a fall or other occurrence. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided I/WE will be responsible for securing the helmet on this rider's head at all times. Mark an "X" below in the box before the statement which describes your choice to wear, or not to wear, STABLE-PROVIDED protective headgear.				
	[] PROTECTIVE HEADGEAR ACCEPTA STABLE PROVIDES.	NCE: I/WE REQUEST TO WEAR PROTE	ECTIVE HEADGEAR WHICH THIS		
/					
K. LIABILITY RELEASE: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, and the parent or legal guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to THIS STABLE'S ordinary negligence; and I do further agree that except 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 or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE.					
All Riders and Parents or Legal Guardians must sign below after reading this entire document. Each spouse must sign:					
	SIGNER STA	TEMENT OF AWARENESS			
ASSUMPTI	UNDERSIGNED, HAVE READ AND DO UNE ON OF RISK. I/WE FURTHER ATTEST THAT CE, AND AGE ARE TRUE AND ACCURATE.	DERSTAND THE FOREGOING AGREEME			
SIGNATURE	OF RIDER (Spouses must sign for themselves)		DATE		
SIGNATURE	OF PARENT, GUARDIAN AND/OR SPOUSE #1	NAME OF RIDER (Please Print)	DATE		
	for				
SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2		NAME OF RIDER (Please Print)	DATE		
Address in ful	Address in full: Home Phone #:				
		Buss Phone #			

Page 2 of 2 (Please Complete Both Sides)

NAHA FORM 08 REV 1/93 (A)