



READ CAREFULLY BEFORE SIGNING.  
THIS IS A BINDING CONTRACT THAT AFFECTS YOUR LEGAL RIGHTS.

Euro Equine Stables, Llc  
Monika Rasch & Tamas Rasch  
Apex, North Carolina 27502

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, ACCEPTANCE OF  
RESPONSIBILITY, RELEASE FROM LIABILITY AND WAIVER OF ALL CLAIMS

Warning

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

I expressly release Euro Equine Stables LLC, Monika & Tamas Rasch, all owners, officers, members, employees, volunteers, independent instructors, and property owners, and waive all such liability and claims.

I recognize that there is a significant element of risk involved in horseback riding and the handling of horses. I state that I am fully capable of participating in such activities. I certify that I have no physical conditions that might interfere with my capability to participate in horseback riding. Knowing the inherent risks, dangers, and rigors involved in horseback riding, I assume full responsibility for myself for bodily injury, death, loss of personal property and all expenses thereof, which may occur as a result of my participation in the handling of horses and/or horseback riding and waive any and all claims which may result therefrom. I expressly release and waive all such liability and claims, even if they should arise out of the negligence of other persons, including those persons released hereby. I further agree that if anyone makes any claims on my behalf because of any injury to me (including death) or for any damage to me or my property, I will indemnify and hold harmless all of those persons released by this agreement against any damages, or costs which may result because of those claims, including legal fees.

I recognize that the risk of serious injury is increased by not wearing a protective helmet while horseback riding. I agree to wear a protective helmet designed and approved for horseback riding at all times and I assume full responsibility for myself in the event I choose not to wear an approved helmet.

I have read, understand, and agree to the terms and conditions stated herein. I acknowledge that this agreement shall be effective and binding upon me during the entire period of my participation in handling of horses and/or taking of horseback riding lessons under the direction and/or instruction of trainer.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/guardian (if under 18)