

RELEASE OF LIABILITY

R.A. Webb & I.G. Grant

It is hereby declared and agreed upon between R.A. Webb and I.G. Grant, and

Rider:

First name: **Middle:** **Last name:**

That the undersigned states as follows

1. I am aware the horseback riding contains risks of injury and/or death to me personally, to my horse, damage to my equipment caused by accident, my own negligence or the negligence of others. Riding is hazardous because even if the rider is knowledgeable horses sometimes act unpredictably to environmental changes or unfamiliar sights or noises. Accidents can cause severe injury and/or sometimes death to horse and riders. In addition, injury and/or death can occur due to the negligence of third parties. The failure by the rider to adjust equipment properly can result in injury and/or death. When riding in groups, the rider and/or horse may suffer injury and/or death because of the actions of another rider and/or horse.

2. **Knowing these facts, I never the less in consideration of the acceptance of this agreement by R.A Webb and IG Grant, Clinic Sponsors, Property Lessee and Property Owners, hereby for myself, my heirs, executors and administrators, assume the risk of these and similar dangers and waive any claim against, release and forever discharge R.A. Webb and I.G. Grant and the employees, agents, volunteers and representatives (and their heirs, executors, administration and assigns) from any right to claim any liability or damages, or for and all injury's and/or death that might be sustained by me (including injury's to animals), or from claims of any kind or nature that I might have as a result of, or arising out of receiving riding instructions.**

3. This release will extend to any accidents, damages or claims whether arising out of my own acts (or the acts of any horses within my control or the acts of others) which have resulted in injury and/or death to me.

That the terms and conditions of the said release of liability shall apply to and be brought upon us and our minor child, in so far as it pertains to his or her horse may sustain or cause as a result of said participation.

.....
Signature of Rider Date

I will participate in: Private clinic/lesson: (please tick) YES NO

I will participate: As an observer: (please tick) YES NO

For Participants who are under 18 years of Age.

If rider and/or horse owner(s) are minors, parents and/or legal guardian must complete the following statement:

As the parent and/or legal guardian

Print: First name: Middle name: Last name:

For and in consideration of our child's or their horses participation in the riding clinic/lesson conducted, we have read the release of liability, and we expressly agree.

I am aware that riding is a hazardous activity and I am voluntarily participating in the activity with the knowledge of the danger involved and hereby agree to accept any and all risks of injury and/or death. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Richard Webb and Gillian Grant and their employees, agents, volunteers and representatives and signs it of my own free will.

Print Rider: Full Name:

Address:

Signature of Parent/Legal Guardian:Phone: