### **Seeds of Hope Youth Ranch**

3974 W Pioneer Rd

Duluth, Mn 55803

## Horse, equestrian, riding and services agreement, Liability release and assumption of risk agreement (for individuals).

#### Registration of Participation and Agreement Purpose:

### Read carefully and complete all sections before signing.

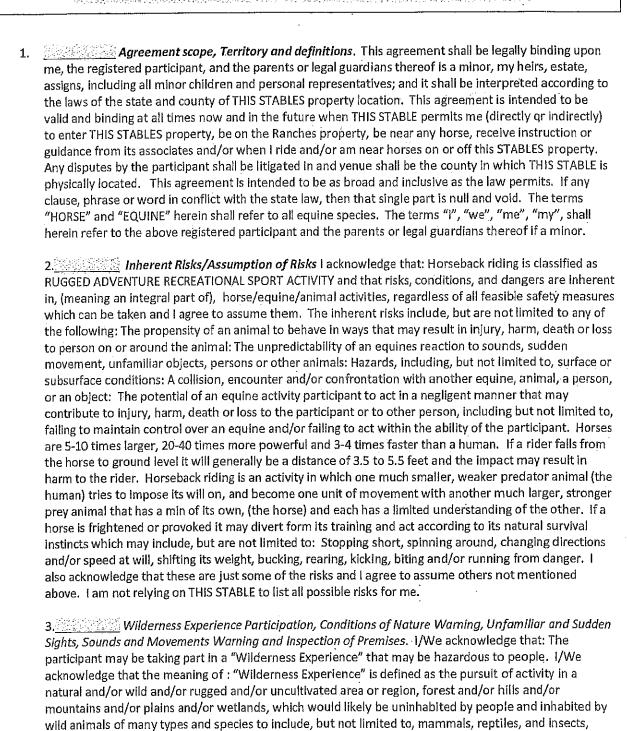
I, the following listed individual and the parents or legal guardians thereof, (if a minor), do hereby voluntarily agree to participate in horse services and/or equestrian services and/or riding and services provided by this Ranch.

Participant Name (Please print)	Age (If Under 18)	Weight over 225lbs??	Hörse Riding Experience <u>Circle below</u> <u>which applies</u>
FIRST NAME	ÄGE	YES	Beginner less than 15 hours
LAST NAME	DATE OF BIRTH	NO.	Over 15 hours experience

Does participant have any physical or men	ntal condition(s) that may affect his/her
safety and ability to ride a horse? (circle or	ne) <i>YES -NO</i>
If you circled "yes", how can we help this p	participant with his/her needs?
, .	
Medical In	relikabeo

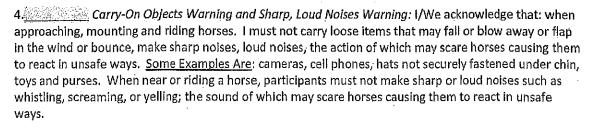
I/We Agree that: Should medical treatment be required, I and/or my medical				
insurance shall be responsible for all such incurred expenses.				
Medical Insurance Company:	Policy Number			
I do not carry medical Insurance (please check here)				

# Please initial below each section after reading. Parent/Guardian must also initial each section.



which are not tame, may be savage and unpredictable in nature and also wandering at their will. I/We acknowledge that: THIS STABLE is NOT responsible for total or partial acts, occurrences or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. Some Examples Are: Thunder, lightening, rain, wind, wild and domestic animals, insects, 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. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The participant and parent or legal guardian have inspected THIS STABLES' facilities and satisfied that all premise conditions are reasonably safe for the participants intended purpose, usage and presence upon THIS STABLES premises.



- 5. Saddles Girth Loosening Warning: I/We acknowledge that: saddles girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.
- Protective Headgear/Helmet Warning and Offering: I/We agree that: for myself and on behalf of my child an/or legal ward have been fully warned and advised by THIS STABLE that protective headgear/helmet, which meets or exceeds the quality standards of the SEI Certified ASTM Standard F 1163 Equestrian Helmet, should be worn while riding, handling and/or being near horses and I understand that the wearing of such headgear/helmet at theses times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death as a result of a fall and other occurrences. I/We acknowledge that: THIS STABLE has offered my and my child and/or legal ward if applicable, protective headgear/helmet. I/We acknowledge that: once provided, to wear the protective headgear/helmet offered that I/We are responsible for properly securing the headgear/helmet on the participants head at all times. I am not relying on THIS STABLE and /or its associates to check headgear or helmet strap that I, my child, or legal ward may wear or to monitor my compliance with this suggestion at any time now or in the future.
- 7. Liability Release: I agree that: in consideration of Seeds of Hope Youth Ranch allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, officers, employees, directors, representatives, volunteers, members, owners of premises and trails, affiliated organizations, and insurers and others acting on their 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 THIS STABLES and/or its "Associates" ordinary negligence or legal liability: and I do further agree that except in the event of THIS STABLES gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and its "Associat4s" as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or 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 me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

### EACH PARTICIPANT AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER READING AND COMPLETING THIS ENTIRE DOCUMENT;

#### SIGNER STATEMENT OR AWARENESS

I/We, the undersigned, represent that I/We have read and do understand the foregoing agreement, liability release and assumption of risk agreement. I/We understand that by signing this document I/We are giving up the rights to sue today and in the future. I/We attest that all facts are true and accurate. I/We are signing this while of sound mind and not suffering from shock, under the influence of alcohol drugs or intoxicants.

V	<u>D</u> /	ATE		
X				
X				
X				
Signature or Parent/Guardian and/or Spouse				
Addre	ess/Phone			
Street:	-			
<u>Giv</u>				
Zip Code				
Home Phone: <u>Cell Phone</u> :				
Emergency Contact	Relationship to Participant			
Phone number of Emergency Contact:				

## **Release of Liability for Horse Stables**

### Liability Release:

I hereby agree that in consideration of the Seeds of Hope Youth Ranch (hereinafter SOHYR), allowing my participation in this activity and use of its facilities, 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, if any, do agree to hold harmless, release and discharge SOHYR its owners, agents, employees, officers, directors, representative, 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 SOHYR and/or its Associates' ordinary negligence; and I do further agree that except in the event of SOHYR and/or its Associates' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SOHYR and/or its Associates as stated above in this clause, for any economic and/or noneconomic 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/or operation of SOHYR to include riding, handling or otherwise being near horses owned by or in the care, custody and control of SOHYR whether on or off the premises of SOHYR. The agreement shall be governed by the laws of the State of Minnesota. If any of its provisions are held to be invalid or unenforceable by a court of competent jurisdiction, such holding shall not invalidate any of the other provisions of this Agreement, it being intended that the provisions of this Agreement are severable.

Parents name print:	Parents Signature:
Address;	City/State/Zip
Phone:	Émail:
Child name print:	Child Signature