
EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name: _____

Address: _____

Telephone: _____

I hereby enter into this agreement in consideration of my ability and permission to ride OR use any Horse owned by Frosted Farms (“Owner”) whose address is 4526 Nora McGee Rd. Boomer, NC 28606 or my horse located on the property leased by the Owner.

IMPORTANT NOTICE BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER’S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT FROSTED FARMS, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR FROSTED FARMS READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to: Bites, kicks, abrasions or contusions from horses, Being thrown or bucked off by horses, Scratches or other injury from stalls or enclosures, Scratches or other injury from grooming tools and other equine equipment and tack, Allergic reactions to animals, hay, or other allergens, Tripping in holes or on materials or equipment.

(Initial) _____

Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards. I hereby specifically forever waive and release Frosted Farms and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Frosted Farms its principals and agents.

(Initial) _____

By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at Frosted Farms there will not be a nurse on the premises and Frosted Farms and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless Frosted Farms and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Frosted Farms or any acts or omissions of Frosted Farms principals or agents. By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at Frosted Farms without restriction, without liability to Frosted Farms its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) _____

If I am present at and participate in the activities of Frosted Farms I do so at my own risk, and I hereby acknowledge and agree that Frosted Farms and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Frosted Farms

Name: _____ Date: _____

Participant's Signature: _____

If under 18, Guardian's Signature: _____