

**THE SON AND REINS RANCH, INC.**  
**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: The Son and Reins Ranch, 2401 S. Tarryall Way, Franktown, CO 80116.

**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 HORSES AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT THE SON AND REINS RANCH, INC., INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR THE SON AND REINS RANCH.

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 engage in equine activities without restriction or limitation. I recognize the Inherent risks of equine activities 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 \_\_\_\_\_

I understand that the opportunity to participate in The Son and Reins Ranch, Inc. activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that I or my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume the Inherent risks of equine activities for myself and my child, whether such risks are known or unknown to me at this time. I release The Son and Reins Ranch, Inc., including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in The Son and Reins Ranch, Inc. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

Slipping, falling, or otherwise being injured in the barn, in the stalls or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

PROTECTIVE HEADGEAR OFFERING: I, for myself and on behalf of my child and/or legal ward have been offered a SEI certified ASTM Standard F 1163 Equestrian helmet by this stable and do understand that the wearing of such headgear while mounted, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's potential head injuries and possibly prevent the wearer's death as the result of a fall and/or other occurrences. 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. All participants in horse activities MUST wear a SEI certified helmet in order to participate.

I hereby specifically forever waive and release The Son and Reins Ranch, Inc. and its principals and agents from any liability for injury arising out of the inherent risks of equine activities from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of The Son and Reins Ranch, Inc., its principals and agents.

Initial \_\_\_\_\_

## **2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives The Son and Reins Ranch, Inc. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE THE SON AND REINS RANCH, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE THE SON AND REINS RANCH, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in The Son and Reins Ranch, Inc. activities, I hereby

consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold The Son and Reins Ranch, Inc., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all The Son and Reins Ranch, Inc. activities.

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at The Son and Reins Ranch, Inc., there will not be a nurse on the premises and The Son and Reins Ranch, Inc. and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless The Son and Reins Ranch, Inc. 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 The Son and Reins Ranch, Inc. or any act or omissions of The Son and Reins Ranch, Inc., its 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 The Son and Reins Ranch, Inc. without restriction, without liability to The Son and Reins Ranch, Inc., 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 The Son and Reins Ranch, Inc., I do so at my own risk, and I hereby acknowledge and agree that The Son and Reins Ranch, Inc. 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 The Son and Reins Ranch, Inc.

### **3. MEDIA RELEASE**

I hereby grant permission to The Son and Reins Ranch, Inc., the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of The Son and Reins Ranch, Inc.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parental/Guardian Signature for any minor participating:

\_\_\_\_\_

Minor's Name and DOB \_\_\_\_\_