

Rider's name \_\_\_\_\_

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

## Wonderland Farm Liability Release

As further consideration for your providing me with riding instruction, I am signing and delivering to you this release of liability.

I understand and acknowledge that there are dangers inherent in the activity of horse back riding and that it is not possible to foresee or to prevent all such possible dangers. Because horses are unpredictable creatures, very serious accidents can occur even when reasonable precautions have been taken to prevent such occurrence, I am fully aware that the serious risks associated with activity cannot be eliminated. I am also aware that the fall of a rider can be crippling or even fatal to the rider.

I have acquainted myself with the basic rules of safety applicable to this activity, and I understand that it is not the purpose of the riding instruction provided by you to teach me the basic safety rules, nor is it your function as my instructor to serve as the guardian of my safety. I also understand that to the extent that I use your equipment, I will satisfy myself as to the safe condition of such equipment.

In light of the above, I agree to personally assume each and every risk associated with this activity, regardless of whether I am riding my own horse or a horse owned by you or another person. Therefore, I hereby release, waive and forever discharge you, Wonderland Farm, any employee or agent of you or Wonderland Farm, and the owner of the animal I may ride, from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury, death or property damage resulting or to result from any accident which may occur as a result of my participation in riding instruction or any activities connected with such instruction, whether or not such injury, property damage or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death or property damage while engaged in receiving instruction from you regardless of the premises upon which such instruction may be conducted.

I further agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina and that if any portion of this release is held invalid, it is agreed that the balance of this release shall continue in full legal force and effect notwithstanding the invalidity of some part of it.

If I have requested that you provide instruction to a minor child of mine, \_\_\_\_\_ / \_\_\_\_\_, then  
(Print Child's Name) (Age)

the provisions of this waiver and release shall apply to such child or children, and I agree to be fully responsible for all of this child's obligations hereunder. This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns, and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns.

**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 ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.***

**RIDER (PARENT/GUARDIAN, IF A MINOR):**

**WITNESS:**

X \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature)

(Signature)

**Print Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Please Print:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone #( ) \_\_\_\_\_ Mobile #( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

**HELMETS AND SHOE WITH 1/2" HEEL MANDATORY**

(ASTM safety approved helmets provided)