

PERSIMMON TREE FARM CLINIC LIABILITY RELEASE

I acknowledge that equine activities, whether, working, or being around equines is a highly risky activity, and that my participation in this equine activity is wholly at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including but not limited to, the propensity of equines to behave in ways that may result in injury, harm or even death to humans or other animals around or near them, the unpredictability of equines to sounds, sudden movements, smells and unfamiliar objects, persons or other animals, hazards related to surface or subsurface conditions, collision with other equines or objects, and, the potential of another rider to act in a negligent or unskilled manner which may contribute to injury to others, including failing or inability to maintain control over the animal.

By participating in this equine activity, I agree to assume responsibility for these aforementioned risks, and I hereby release and hold harmless the owners of the horses and property from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horses which I ride.

Whether I am mounted or unmounted, I release and, in addition, agree to hold harmless Persimmon Tree Farm, its owners and operators (Morris & Carolyn Krome), and any riding instructors, organizers, employees, volunteers, and agents from all liability, any and all claims and demands of every kind, nature, and character, and from any and all liability for negligent acts or omissions. In addition, I specifically release Persimmon Tree Farm, its owners and operators (Morris & Carolyn Krome), and any riding instructors, organizers, employees, volunteers, and agents for injuries to any part of my body, including death, whether the same may have been caused by the negligence of Persimmon Tree Farm, its owners and operators, and any riding instructors, organizers, employees, volunteers, and agents.

I HAVE READ AND DO UNDERSTAND THIS LIABILITY RELEASE

Signed: _____ Date: _____

(Parent or Guardian must sign if participant is under 18 years old)

Age (if under 18): _____

Name: _____ Phone: _____

Full Address: _____
