

Release of Liability and Assumption of Risk

Participating in activities with horses involves an inherent risk including the risk of serious injury or death. I agree to take part in Equine Activities/Riding/Driving with the understanding that I will take responsibility for my own safety and that being around horses entails known and unanticipated risks that could result in injury or death to others or me. I hereby assume all risks in connection therewith and expressly waive any claims for any injury/damage or loss arising from any activities, accidents, negligence, acts or omissions by Romans Ranch, Inc. and Romans Ranch, Inc. employees, agents, directors, associates, affiliates, and contract personnel, the hosting facility (Jeppesen Livestock), and all their owners, managers, volunteers, landlords, employees, and persons involved with the host facility.

To the extent permitted by law, I hereby agree to protect, indemnify, defend, and hold harmless Romans Ranch, Inc. and Romans Ranch, Inc. employees, agents, directors, associates, affiliates, and contract personnel, the hosting facility (Jeppesen Livestock), and all their owners, managers, volunteers, landlords, employees, and persons involved with the host facility, and all participants in the training course against all claims/losses/damages arising from any activities, accidents, negligence, acts, or omissions by the above-mentioned parties or the Participant.

CLOSED TOED SHOES MUST BE WORN. NO CROCS, SANDALS, OR THIN SLIPPER or 'FLATS' TYPE SHOES. LONG PANTS ONLY. If riding or driving, we supply a helmet and safety harness.

This is a smoke free property. No smoking allowed anywhere on property. ONLY SERVICE DOGS PERMITTED.

By signing here, I warrant that I have read and understand the contents and meaning of the release and waiver of right to sue and agree to be legally bound by all of its terms and conditions.

Participant Name: _____ DOB: _____

Your Address: _____ City: _____

Zip: _____ Phone: _____

Cell: _____ Email Address: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____