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**THE SUMMERWINDS STABLES
GENERAL ACTIVITY RELEASE, ASSUMPTION OF
RISK & WAIVER OF LIABILITY AGREEMENT**

This document waives important legal rights. Read it carefully before signing.

I **AGREE** for myself, my administrators and assigns, in consideration of my participation in The SummerWinds Stables activity of the following:

I **AGREE** that I choose to participate voluntarily in The SummerWinds Stables activities as a rider, handler or spectator. I am fully aware and acknowledge that horse sports and The SummerWinds Stables activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death (“Harm”). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;

The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;

Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I **AGREE** that I would like to participate in the The SummerWinds Stables. I acknowledge the risks and potential risks; however, I feel that the possible benefits to me are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against, its Board of Directors, instructors, therapists, aides, volunteers, employees, and affiliated organizations for any and all injuries and/or losses I may sustain while participating in the The SummerWinds Stables including activities occurring outside of the scope of the program itself, including, but not limited to transportation, care giving, horse exercising etc.

By signing below, I **ACKNOWLEDGE** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to The SummerWinds Stables that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation

PARTICIPANT’S SIGNATURE: _____ **DATE:** _____

PARTICIPANT’S PRINTED NAME: _____

PARENTAL CONSENT FORM

Required for all volunteers under 18 years of age

I hereby give permission for my son/daughter _____ to participate in the program at The SummerWinds Stables. I certify that my son/daughter is _____ years of age and his/her birthday is _____. I have reviewed the statements below and my signature indicates that I am aware and consent to my child's involvement in the program. Release and hold The SummerWinds Stables, its agents and employees from responsibility or liability arising out of the above named child's participation. I understand that there are certain risks in dealing with animals. I certify that my child is covered under my insurance policy should injury take place while volunteering or participating and I will be responsible for her/her medical bills.

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____