



Waiver of Liability Statement

Name of Rider _____

Home Phone _____ Business or Cell Phone _____

E-Mail _____

Parent(s) Names _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Height _____ Weight _____

** If under 18*

Horseback Riding Experience (*# years and type of riding*) _____

Limitations, Allergies or Special Instructions _____

The undersigned recognizes that despite the exercise of reasonable safety precaution injury is possible whenever one engages in the physical of horseback riding. A horse, despite all precautions, may act unpredictably.

WARNING

Under Mississippi Law, an equine activity or equine sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to MISSISSIPPI CODE ANN. § 95-11-7.

YOU ARE ASSUMING ALL RISK BY PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY

Inherent risks of domestic animal activities include, but shall not be limited to:

1. *The propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, falling or stepping on, that may result in an injury, harm or death to persons on or around them.*
2. *The unpredictability of a domestic animal's reaction to such things as sounds, sudden movement of unfamiliar objects, persons or other animals.*
3. *Certain hazards such as surface and subsurface conditions.*
4. *Collisions with other domestic animals or objects and;*
5. *The potential of a participant to act in a negligent manner that may contribute an injury to the participant or others, such as falling to maintain control over the domestic animal or not action within such participant's ability.*

The undersigned for themselves and for the rider do hereby agree to assume the risk of the rider participating in the horseback riding and further do covenant and agree to hold Blue Ribbon Riding Academy, its directors, employees, and agents free and harmless from any and all claims, demands, damage, or liability, for injuries sustained, or damage suffered while preparing or participating in horseback riding or from using the facilities at Blue Ribbon Riding Academy, except to the extent that such injury or damage shall be cause by the willful, wanton or intentional conduct of the directors, employees, or agents of Blue Ribbon Riding Academy.

It is further understood and agreed that Blue Ribbon Riding Academy does not insure the rider or the horse against injury and does not accept responsibility for any damages done or medical costs incurred. This agreement is binding on the heirs, executors, administrators, and assigns of the undersigned. **You are required to wear a helmet at all times when mounted upon a horse and you must wear a boot or shoe of adequate heel length (minimum one inch) while a participant in horseback riding on farm property.**

I carry accident medical insurance now in force. (circle one) Yes No

Name of my insurance company _____

I have read and agree with the terms of this Waiver of Liability Statement:

Signature _____ Date _____

Witness _____ Date _____

Parent Signature _____ Date _____

* If rider is under 18 yrs. of age

