

LITTLE BIT THERAPEUTIC RIDING CENTER
HORSEBACK RIDING RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Little Bit Therapeutic Riding Center.

I fully understand that the activity of horseback riding, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Little Bit Therapeutic Riding Center and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding. **Please initial to show that you agree** _____.

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Little Bit Therapeutic Riding Center and its agents from liability for any and all injuries to me from the general activity of horseback riding. **Please initial to show that you agree** _____.

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Little Bit Therapeutic Riding Center and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. **Please initial to show that you agree** _____.

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and horseback riding. I completely release Little Bit Therapeutic Riding Center and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree** _____.

I agree not to sue, claim against, attach the property of or prosecute Little Bit Therapeutic Riding Center, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree** _____.

I agree to release the State of Washington and all of its agencies, agents, contractors, servants and employees from liability for any acts of Little Bit Therapeutic Riding Center causing injuries arising out of premises operation, acts of independent contractors, products completion, or personal injuries sustained due to Little Bit Therapeutic Riding Center's negligence in connection with providing services under this contract.

Please initial to show that you agree _____.

I agree to defend, indemnify and hold harmless Little Bit Therapeutic Riding Center and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree _____.**

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree _____.**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree _____.**

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants under 18 years of age require the signature of a parent or legal guardian.

Signature of parent or legal guardian

Signature of Participant

Print Name

Address

Telephone #

Date