Rider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider’s Release Agreement

WHEARES, Falcon Ridge INC, d/b/a Falcon Ridge Stables, (hereinafter “Falcon Ridge Stables”) has made the available to the undersigned, or the child of the undersigned, or both, all or a portion of the property, equipment and facilitates of Falcon Ridge Stables including, but not limited to, riding arenas, stables, equipment, and horses, the undersigned hereby assumes full responsibility for the safety of the rider.

The term Rider shall mean not only the undersigned, but also, any minor of the undersigned, and also any person who uses any portion of the property, equipment of Falcon Ridge Stables, their agents, employees, clients, successors, assigns, legal representatives, heirs, executors and administrators from any and all claims, causes od action, demands, obligations, and liabilities, which are now existing or hereafter mature or accrue at any time arising out of or related in any fashion to Rider’s use of Falcon Ridge Stables property, equipment, or facility.

The undersigned acknowledges and fully understands that the rider uses the property, equipment, and facilities of Falcon Ridge Stables at his or her own risk. The undersigned hereby aggresse to hold and save Falcon Ridge Stables, their agents, employees, successors, assigns, legal representatives, heirs, executors, and administrators harmless from each and every claim, demand, liability, or other obligation, which may arise out of or be connected in any fashion with loss, injury, or damage to the Rider or Rider’s property. The undersigned hereby agrees and covenants not to bring any action at law or in equity against Falcon Ridge Stables, their agents, employees, successors, assigns, legal representatives, heirs, executors, and administrators on behalf of the undersigned or on behalf of the Rider, whether minor or adult, arising from or relating in any fashion to any injury, damage, or other loss suffered by Rider and connected in any fashion with Rider’s use of Falcon Ridge Stables property, equipment, or facilities, and the undersigned shall further defend Falcon Ridge Stables, their agents, employees, successors, assigns, legal representatives, heirs, executors, and administrators against any such actions brought on by Rider or on Rider’s behalf with respect to the Rider’s use of Falcon Ridge Stables property, equipment, or facilities, and the undersigned shall indemnify Falcon Ridge Stables, their agents, employees, successors, assigns, legal representatives, heirs, executors, and administrators for anything for which the Rider is responsible either alone, jointly or severally.

The undersigned hereby acknowledges and understands that Falcon Ridge Stables, their agents, employees, successors, assigns, legal representatives, heirs, executors, and administrators do not represent or warrant the quality or character of any horse furnished to Rider. Furthermore the undersigned acknowledges and understands that horse back riding or other participation in activities at Falcon Ridge Stables may involve substantial risk of bodily injury, property damage and other dangers including, but not limited to, badly injury, or death resulting from kicks and bites, falling off horses or horses falling on Rider, being dragged by foot caught in the stirrups, Rider being thrown by horse, equipment failure or by collision with horses or vehicles or other inanimate objects.

The term “Rider” shall also include Family Members that will be at Falcon Ridge Stables:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event Rider or any of the designated individuals is a minor, the undersigned, or on behalf of said minor, does hereby consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service may be rendered to said minor under general or specific instructions of any physician or hospital. The undersigned acknowledges that this consent to medical treatments given in advance of any specific diagnosis or treatments which may be required, but it given to encourage Falcon Ridge Stables, any hospital staff and physicians to exercise their best judgment as to the requirements of such diagnosis or treatments. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

READ CAREFULLY BEFORE YOU SIGN. THIS DOUCUMENT RELESES FALCON RIDGE STABLES FROM ANY LIABILTY RESULTING FROM THE USE OF FALCON RIDGE STABLES PROPERTY, EQUIPMENT OR FACILITES.

WARNING

UNDER GEORGIA LAW, AN EQUINE ACTIVTY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN THE EQUINE ACTIVIES, PURSUANT TO CHATER 12 OF TITLE 4 OF THE OFFICAL CODE OF GEORGIA ANNOTATED.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date RIDER (If an adult)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Parent or Guardian of Rider

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)

In case of an accident, please list below:

Insurance company and ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Phone Numbers: