



# STIRRUP HOPE

## *Equine Activity Release / Waiver, Assumption of Risk and Indemnification Agreement*

Name: \_\_\_\_\_  
*First* *Middle Initial* *Last*

I, as participant, parent or legal guardian of participant, acknowledge that equine related activities are activities that pose potentially serious risk of injuries or death to participants in equine activities. I acknowledge that there are certain intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to: *(i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability (collectively, "Intrinsic Dangers of Equine Activities").*

I understand that participants in equine activities may be injured or killed as a result of their own negligence, the negligence of others or through no fault of participant or anyone else. In consideration of Stirrup Hope and Trinity Oaks Farms, allowing a participant to participate in equine activities on Trinity Oaks Farm, on behalf of myself and my heirs, successors, and assigns I hereby release and waive any rights to make any claim against Stirrup Hope or Trinity Oaks Farm, its employees, agents and representatives for any loss, damage, injury, or death to person or property sustained by participant in equine activities by any cause whatsoever, including but not limited to: *(i) the Intrinsic Dangers of Equine Activities; (ii) the experience level of any participant; (iii) a known or unknown health condition of any participant; and/or (iv) the condition and age of equipment or tack.*

I hereby acknowledge and assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that Stirrup Hope and Trinity Oaks Farm shall have no responsibility whatsoever to make any such examination or inspection. I further assume all risk of participating in equine activities, and agree to indemnify and hold harmless Stirrup Hope and Trinity Oaks Farm, its employees, representatives and agents from and against, all of the foregoing claims and any and all loss, damage, injury, or death to person or property by whatever cause including any act or omission negligent or otherwise, on the part of Stirrup Hope and Trinity Oaks Farm, its employees, representatives or agents, or on the part of any other person arising from or related to participation in equine activities.

I hereby certify that the statements and representations in this Agreement are being made by me knowingly, freely, and voluntarily, and I understand that Stirrup Hope and Trinity Oaks Farm is expressly relying upon the foregoing statements and representations in permitting my/my child's/my ward's participation in any equine activities.

THE SIGNATURES BELOW WARRANTS THAT THE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF PARTICIPANT HAS READ THIS EQUINE ACTIVITY RELEASE / WAIVER, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT (Henceforth referred to as "the agreement") PRIOR TO THE SIGNING OF THIS DOCUMENT, THAT THE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF PARTICIPANT UNDERSTANDS THE AGREEMENT AND THAT THE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF PARTICIPANT FREELY ENTERS INTO THIS AGREEMENT.

**AGREEMENT CONTINUED ON NEXT PAGE**



*Equine Activity Release / Waiver, Assumption of Risk and Indemnification Agreement, Continued*

**Participant 1**

Signature: \_\_\_\_\_  
(Signature not required for participant if participant is a minor)  
Print Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**Parent or Legal Guardian of Participant**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**Participant 2**

Signature: \_\_\_\_\_  
(Signature not required for participant if participant is a minor)  
Print Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Date Signed: \_\_\_\_\_