## HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

#### **FOR INDIVIDUALS**

This form must be completed by and for each participant

## **Hickory Hollow Farm**

STABLE NAME, hereinafter known as "THIS STABLE".

LOCATION: Gettysburg, Pennsylvania

#### PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. <u>REGISTRATION OF RIDERS AND AGREEMENT PURPOSE</u> – In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from **THIS STABLE** a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:					
	RIDER NAME	AGE (IF UNDER 21)	WEIGHT OVER 240 lb.	HORSE RIDING EXPERIENCE (Check one which applies)	
1.			☐ YES ☐ NO	☐ BEGINNER (under 10 hours) ☐ OVER 10 HOURS	
_	der have physical or mental condition, which may a ☑ Yes  ☐ No (Check one) If "yes", how can we	•	•		
р					
AFTER REASECTION.	TIALS BELOW ADING EACH PARENTS or IS MUST ALSO				
В.	AGREEMENT SCOPE AND TERRITORY AND D registered rider, and the parents or legal guardichildren, and personal representatives; and it shall be physical location. Any dispute by the rider shall be litigate If any clause, phrase or word is in conflict with state law all equine species. The term "HORSEBACK RIDING" donkeys, whether from the ground or mounted. The otherwise handles or comes near a horse from the ground the parents or legal guardians thereof if a minor.	ans thereof if a m interpreted according ed in and venue shall t, then that single part herein shall refer to term "RIDER" shall	inor, my heirs, e g to the laws of the be the county in whi is null and void. T riding or otherwise herein refer to a p	state, assigns, including all minor state and county of THIS STABLE'S ch THIS STABLE is physically located. he term "HORSE" herein shall refer to handling of horses, ponies, mules, or person who rides a horse mounted or	
c.	ACTIVITY RISK CLASSIFICATION — I UNDERSORECREATIONAL SPORT ACTIVITY, and that there are despite all safety precautions. According to NEISS (National horse activities rank 64th among the activities of people severe requiring more hospital days and resulting in more that applicant may be participating in a "WILDERNESS EX OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED or MOUNTAINS and/or PLAINS and/or WETLANDS, WILD ANIMALS OF MANY TYPES AND SPECIES TO WHICH ARE NOT TAME, MAY BE SAVAGE AND UNITED TO TAME.	numerous obvious an onal Electronic Injury S relative to injuries that le lasting residual effe PERIENCE" and that to AND UNCULTIVATE WHICH WOULD LIKE O INCLUDE, BUT NO	d non-obvious inher Surveillance System at result in a stay at cts than injuries in o the meaning of this to ED AREA OR REGIO LY BE UNINHABIT T LIMITED TO, MA	rent risks always present in such activity is of United States Consumer Products) U.S. hospitals. Related injuries can be ther activities. I/WE further understand from is defined as follows: THE PURSUIT DN, AS OF FOREST and/or HILLS and/or BY PEOPLE AND INHABITED BY MMALS, REPTILES, AND INSECTS,	
D.	NATURE OF STABLE HORSES – I UNDERSTAND THAT basic training as is required for use as riding horses for Yet, no horse is a completely safe horse. Horses are 5 human. If a rider falls from horse to ground it will gener to the rider. Horseback riding is the only sport impose its will on another much larger, stronger prey an other. If a horse is frightened or provoked it may diver include, but are not limited to: Stopping short; Changing or Running from danger.	novice and beginning to 15 times larger, 20 ally be at a distance of twhere one much limal with a mind of its t from its training and	griders, and THIS S to 40 times more p of from 3 ½ to 5 ½ fo smaller, weaker s own (horse) and e d act according to i	TABLE follows a rigid safety program. owerful, and 3 to 4 times faster than a set, and the impact may result in injury predator animal (human) tries to ach has a limited understanding of the ts natural survival instincts which may	

WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS or GUARDIANS MUST ALSO INITIAL.

# PLEASE READ CAREFULLY BEFORE SIGNING

11100171200	111111111111111111111111111111111111111					
E.	RIDER RESPONSIBILITY – I UNDERSTAND THAT: horse. The rider's safety largely depends upon his/haboard the moving animal. I agree that the rider sha pregnant. THIS STABLE advises pregnant women in	her ability to carry out simple instructions, all be responsible for his/her own safety, an	and his/her ability to remain balanced d that of an unborn child if the rider is			
F.	CONDITIONS OF NATURE – I UNDERSTAND THAT: of nature that can scare a horse, cause it to fall, or rea wind, water, wild and domestic animals, insects, reptile footing on out-of-door groomed or wild land which is natural and man-made changes in landscape.	act in some other unsafe way. <b>SOME EXAM</b> es, which may walk, run, or fly near, or bite o	MPLES ARE: Thunder, lightning, rain, or sting a horse or person; and irregular			
<b>G</b> .	<u>CARRY-ON OBJECTS AND SHARP NOISES</u> – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. <u>SOME ARE</u> : Hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse.					
H.	SADDLE GIRTHS-NATURAL LOOSENING – I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.					
I.	ACCIDENTAL/MEDICAL INSURANCE – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses. My accident/medical insurance company is and policy number is					
J.	PROTECTIVE HEADGEAR OFFERING – I, for myself and on behalf of my child and/or legal ward, have been offered a SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided I/WE will be responsible for securing that helmet on this rider's head at all times. Mark an "X" below in the box before the statement which describes your choice to wear, or not to wear, STABLE-PROVIDED protective headgear:					
	PROTECTIVE HEADGEAR ACCEPTANCE -	<ul> <li>I/WE request to wear protective head</li> </ul>	gear which <b>THIS STABLE</b> provides.			
PROTECTIVE HEADGEAR REFUSAL – I/WE refuse to wear any type of protective headgear and/or will provide MY/OUR own. I/WE accept full responsibility for MY/OUR safety in this decision.						
disclaimer, and property. The h skills may be no used for this pu	NOWLEDGMENT OF RISKS (VAR) – The holder is no low indemnification agreement waiving the client's righed ris permitted to request or require a client to signal eeded to participate in the commercial activity. The hurpose and obtain written approval by the park to use and Parents or Legal Guardians must sign be	ght to hold the CUA holder responsible for a form or statement acknowledging risk and holder must provide the park with the current the form and/or statement.	accidents or injury occurring on NPS d/or indicating that certain prerequisite nt copy of all forms and/or statements			
	SIGNER STATEN NDERSIGNED, HAVE READ AND DO UNDERSTAND ER ATTEST THAT ALL FACTS RELATING TO THE AP					
	F RIDER (Spouses must sign for themselves.)		DATE			
	for		DATE			
SIGNATURE C	F PARENT, GUARDIAN AND/OR SPOUSE #1	NAME OF RIDER (Please Print)				
	for		DATE			
	F PARENT, GUARDIAN AND/OR SPOUSE #2					
Address in full: Home Phone No.:						
		Rus Phone No :				
		Dus. FIIOHE NO				