## North Grove Equestrian Park <u>EQUINE RELEASE AND WAIVER OF LIABILITY,</u> <u>ASSUMPTIONOFRISK, AND INDEMNITY AGREEMENT</u>

| Name:      |  |  |
|------------|--|--|
| Address:   |  |  |
| Telephone: |  |  |

I hereby enter into this agreement in consideration of my ability and permission to ride OR use any Horse owned by \_\_\_\_\_\_ (Name Owner) ("Owner") who stables his/her horse at North Grove Equestrian Park.

## WARNING:

Under Mississippi law, an equine or livestock activity sponsor or an equine or livestock professional is not liable for an injury to or the death of a participant in equine activities or livestock shows resulting from the inherent risks of equine activities or livestock shows, pursuant to this chapter.

## IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISINGOUTOF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE

ACTIVITIES AT NORTH GROVE EQUESTRIAN PARK, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR NORTH GROVE EQUESTRIAN PARK.

## READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I or that my minor child will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate and/or that I approve and allow my minor child to participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding, walking, boarding, feeding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I have read, understood and agree to abide by the Stable Rules of North Grove Equestrian Park and acknowledge the same by execution of the Stable Rules document.

I hereby specifically forever waive and release North Grove Equestrian Park and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of North Grove Equestrian Park, its principals and agents.

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at North Grove Equestrian Park, there will not be a nurse on the premises and North Grove Equestrian Park and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold North Grove Equestrian Park and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at North Grove Equestrian Park or any acts or omissions of North Grove Equestrian Park principals or agents.

By signing this Agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities North Grove Equestrian Park, without restriction, without liability to North Grove Equestrian Park, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities of North Grove Equestrian Park I do so at my own risk, and I hereby acknowledge and agree North Grove Equestrian Park and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation North Grove Equestrian Park.

| Name:                                       | Date: | _ |
|---|-------|---|
| Participant's Signature:                    |       |   |
| If Participant is a Minor, please complete: |       |   |
| Name of Minor:                              |       |   |
| If the minor is injured, please contact     |       |   |
| phone number:                               |       |   |