Liability Release Form

Must be signed by Participant or Parent/Guardian if under 18 before any interaction with horses!

CLIENT NAME: _____ AGE: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE READ CAREFULLY BEFORE SIGNING

A. I UNDERSTAND THAT Chandelle Farms, LLC is an outdoor location in nature with various hazards including, but not limited to: ponds, ditches, steep inclines, animals, insects, poison oak/ivy, snakes, etc. and that there are inherent risks always present in such a location. Knowing these risks, I will be responsible for myself, my children, any guests we might bring, and our own safety.

B. I UNDERSTAND THAT horseback riding and horse activities are classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious risks always present in such activity despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.

C. I UNDERSTAND THAT Chandelle Farms, LLC is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightening, rain, wind, water, wild or domestic animals, insects, reptiles, and loud or spontaneously running people.

D. I UNDERSTAND THAT participants must not carry loose items around horses which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys and umbrellas. Riders, nor handlers should make sharp, loud noises, such as screaming or yelling, which may scare a horse.

E. I AGREE THAT should an emergency medical treatment be required, I and/or my own accidental/medical insurance company **shall pay for all** such incurred expenses. My accidental/medical insurance company is _____ group number is _____ and my policy number is _____.

F. I UNDERSTAND THAT all riders must wear protective headgear.

G. **I AGREE THAT** pursuant to the General Statues of North Carolina, Chapter 99E, Special Liability Provisions, Article 1, Equine Liability Activity Liability, and under the terms set forth herein, I, the participant (or parent/guardian if under 18), and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge Chandelle Farms, LLC, their owners, agents, employees, subcontractors, and all others acting on their behalf, of and, from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Chandelle Farms,

LLC and their associates ordinary negligence, and I do further agree that in the event of Chandelle Farms LLC's gross negligence and willful and wanton misconduct, I shall not agree that except in the event of Chandelle Farms LLC's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against this stable and its associates as stated above in this clause, or any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of this control of Chandelle Farms, LLC whether on or off the premises of this stable.

WARNING

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting from exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK.

_____ _____

Signature of Participant <u>if over 18</u> (Parent/Guardian if under 18) Date

Cell Phone **Business Phone** **Home Phone** **Email address**

Chandelle Farms, LLC 11/23/2015