



TROTTING HORSE THERAPEUTIC RIDING
Horse Activity/Horseback Riding Release of Liability and Indemnity Agreement

I, _____ hereby acknowledge that I/or my legal guardian on my behalf have voluntarily agreed to participate in the activity of horseback riding and/or other equine related activities offered by Trotting Horse Therapeutic Riding . I fully understand that I/or my legal guardian on my behalf will sign this Waiver and release agreement allowing me the access and services provided by Trotting Horse Therapeutic Riding , including, but not limited to barn services, stable and arena usage and other equine-related activities pursuant to Montana Code Ann. 27-1-725-727.

I fully understand that the activity of horseback riding or even being near a horse, involves numerous dangers and risks injury to me. I acknowledge that the assumption of all risks involved is my responsibility and I completely release Trotting Horse Therapeutic Riding and it's agents, employees, volunteers from all liability for any and all injuries caused by my participation in the general activity of horseback riding. Please initial to show that you agree _____

I fully understand that an animal (horse) irrespective of its training and usual past behaviors and characteristics, may react or act unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away, or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightning, heavy wind, or snow sliding off the roof, may cause a horse to rear, buck, run away, or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Trotting Horse Therapeutic Riding and it's agents, employees, volunteers from liability for any and all injuries to me from the general activity of horseback riding. Please initial to show that you agree _____

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as canter (lope) or gallop. I also understand that this danger increases when riding across an open field, pattern riding (dressage), or jumping. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and /or fall off my horse, or have a collision. I fully assume the responsibility for all these dangers and risks and completely release Trotting Horse Therapeutic Riding and it's agents, employees, volunteers from all liability for any and All injuries to me from the dangers and risks as stated above. Please initial to show that you agree _____

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury and death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horse and horseback riding. I completely release Trotting Horse Therapeutic Riding and it's agents,

1270 Trotting Horse Lane, Missoula, Montana 59804
(406)370-8477



Therapeutic Riding

employees, volunteers from any and all liability for any and all injuries or death caused by my contact with horses/horseback riding. Please initial to show that you agree _____

I agree not to sue, claim against, attach the property of or prosecute Trotting Horse Therapeutic Riding, its officers, affiliated organizations, agents, and/or its employees, or volunteers for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. Please initial to show that you agree _____

I agree to defend, indemnify and hold harmless Trotting Horse Therapeutic Riding and its agents, employees, volunteers for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. Please initial to show that you agree _____

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians and my personal representatives. Please initial to show that you agree _____

I have carefully read this agreement and fully understand its content. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. Please initial to show that you agree _____

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.

Participants under 18 years of age require the signature of parent(s) and /or legal guardian.

Signature of Participant: _____ Date: _____

Signature of Parent(s) or Guardian: _____ Date: _____

Home Phone: _____

Cell Phone: _____

Date: _____

e-mail: _____