

# DUZAN

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## Riding Academy

### Disclosure and Release of Claims

I understand that participation in horseback riding and associated activities at *Duzan Riding Academy* will involve contact with trained and untrained horses and may give rise to a risk of personal injury.

I have had prior experience with horses and am aware that:

- Horses have the propensity to behave in ways which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- Horses may react in an unpredictable way to sounds, sudden movement, unfamiliar objects, person, or other animals;
- Riding a horse may give rise to risk of injury from hazards arising from the surface or subsurface of the ground on which the riding activity occurs;
- While riding a horse, I may be involved in a collision with another horse, another animal, a person, or object;
- Other participants may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- Other participants may act in a negligent manner which otherwise may result in harm to me.

I agree to observe all safety procedures set forth by *Duzan Riding Academy* staff, and I will wear safety headgear and appropriate footwear when I am participating in horseback riding and its associated activities.

In consideration for the opportunity to participate in horseback riding activities and the use of services and facilities made available by *Duzan Riding Academy* and its employees, I do release and forever discharge for myself and my heirs, executors, administrators, and assigns, *Duzan Riding Academy*, and its trustees, officers, employees, and agents from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

If Participant is under 18 years of age:

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date