HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVI DUALS SPRING HOPE FARM, hereafter known as "THIS STABLE" LOCATION: 695 Drake Ln, Wilmore, KY 40390 <u>PLEASE READ CAREFULLY BEFORE SIGNING</u> 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 him from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

RIDERS NAME	AGE	WEIGHT (Over	HORSE RIDING EXPERIENCE (Check on		
	(If under 21)	240#)	which applies)		
		YES	BEGINNER (UNDER 10 HRS)		
		NO	OVER 10 HRS OVER 40 HRS		
Describio rider have abusical and/or mental health conditions, and/or dischilition which may affect his/her sefert, and chility to ride a herea?					

Does this rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse? YES NO (Circle One) If "yes" describe here:

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

- G. _____ CARRY-ON OBJECTS AND SHARP NOISES- 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 EXAMPLES ARE</u>: Cameras, 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.
- I. _____ ACCIDENT/MEDICAL INSURANCE- I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for <u>ALL</u> such incurred expenses. My accident/medical insurance company is ______ and my policy number is _______.
- J. ______ PROTECTIVE HEADGEAR OFFERING- I, for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding 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 head injuries, and may even prevent death happening as the result of a fall or other occurrence. 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 the helmet on this riders 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:

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E HEADGEAR ACCEPTANCE: I/WE REQUEST TO WEAR PROTECTIVE HEADGEAR WHICH THIS STABLE PROVIDES E 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.

LIABILITY RELEASE: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, and Κ. the parent or legal guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its owners, agents, employees, officers, members, promises owners, insurers, and affiliated organizations from legal liability due to THIS STABLE'S ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risk of equine activities, as defined in section 895.481(1)(E) of the Wisconsin Statutes.

All Riders and Parents or Legal Guardians must sign below after reading this entire document. Each spouse must sign:				
SIGNER STATEMENT OFAWARENESS				
I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF				
RISK.				
I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, ANDAGE ARE TRUE AND				
ACCURATE.				

SIGNATURE OF RIDER (Spouses must sign for themselves)			DATE
	for		DATE
SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1		NAME OF RIDER (Please Print)	
	for		DATE
SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2		NAME OF RIDER (Please Print)	
Address in full:			Home Phone #