

J&S Release Form

812.876.5969

Due to the inherent risk of equine activities and the unpredictable nature of horses a Participant a participant's representative or any family member or guardian or friend of family may not make a claim against, maintain an action against, or recover from an equine activity or professional or Jerry, Sue and Ryan Strunk doing business as J&S Riding Center ,J&S Lesson Center, J&S Riding Lesson Center, J&S Pleasure Horses or J&S Paint and Quarter Horses or any of the employees for injury, loss, damage, or death of a participant or spectator resulting from inherent risk of equine activities. "Inherent risk of equine activities" means the danger or conditions that are an integral part of equine activities including the following:

1. The propensity of an equine to behave in ways that may result in the injury, harm, or death to a person on or around the equine.
2. The unpredictability of an equine's reaction to such things as sound, sudden movement, unfamiliar objects, people, or other animals.
3. Hazards such as surface and subsurface conditions.
4. Collisions with other equines or objects.
5. The potential for a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability.

"A participant means a person, whether an amateur, a professional, or an employee who engages in an equine activity, whether or not a fee is paid by a participant or to a participant in the equine activity."

Jerry, Ryan, and Sue Strunk or any of the employees doing business at this riding center is not liable for:

1. An injury to a participant or spectator: or
2. The death of a participant or spectator: resulting from an inherent risk of equine activities.

DATE _____

RIDERS NAME (PLEASE PRINT) _____

WRITTEN SIGNATURE OF RIDER OR PARENTS

{must have signature or see Sue or Jerry)

MOTHERS SIGNATURE _____

Please print name also _____

FATHERS SIGNATURE _____

Please print name also _____

Or Guardian _____

COMPLETE ADDRESS:

Street _____

City _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

MOBILE PHONE _____

(E-MAIL ADDRESS please) _____

DOCTORS NAME AND PHONE NUMBER _____