



Heart's Journey Stables, LLC, hereinafter known as "HJS" at 425 Kromer Road, Wind Gap, PA 18091

HORSE RIDING /INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM

READ CAREFULLY BEFORE SIGNING: SERIOUS INJURY MAY RESULT FROM PARTICIPATION IN THIS ACTIVITY AND HJS IS NOT RESPONSIBLE FOR PARTICIPANT'S SAFETY

1. Participant Information

Rider's Name (Print)	Age (if a minor)	Riding Experience (check one)
		<input type="checkbox"/> Under 10 hours <input type="checkbox"/> Over 10 hours

2. If participant is a minor, provide Parent/Guardian information below (Please print)

Mother/Guardian Name _____ Cell Phone _____ Home Phone _____

Father/Guardian Name _____ Cell Phone _____ Home Phone _____

Emergency Contact Name _____ Cell Phone _____ Home Phone _____

3. Rules

In addition to rules and instructions provided by HJS's instructors/supervisors, each Rider is required to wear and/or supply the following:

- Riding or bicycle helmet when riding and near horses
- Hard low-heeled shoes or riding shoes (e.g. sneakers, open-toe shoes and or sandals not allowed when riding)
- Long pants for riding

HJS reserves the right to expel a Rider who fails to follow the rules and directions provided by the instructor/supervisor and who engages in dangerous behavior. Fees are non-refundable.

4. Inspection of the Premises and Knowledge of Risk

I have inspected the BBB facilities and property (the "Premises") and am satisfied that the conditions are reasonably safe. I understand that horseback riding in any form, as well as being near horses, is a very dangerous activity due to the size, speed and power of a horse, its unpredictable and independent will, as well as unpredictable actions of the horse due to it being frightened, startled or provoked. Serious bodily injury and death are foreseeable risks when engaged in these activities and are voluntarily and knowingly assumed.

5. LIABILITY RELEASE, LIMITATION and INDEMNITY CLAUSE

In consideration of HJS allowing participation in this activity, under the terms set forth herein, the undersigned Rider, the parents or guardians on their own behalf and Rider (if a minor), do agree to hold harmless, release and covenant not to sue HJS, its owners, agents, employees, officers, members, premises owners, and affiliated organizations (known as HJS and ITS ASSOCIATES") from any and all liability for all bodily injury, death, and property damages (including injury to animals) sustained by the undersigned Rider, parent or guardian, or their representatives, employees, agents and invitees, whether caused or contributed by HJS and ITS ASSOCIATES' negligence or otherwise. In no event shall HJS and ITS ASSOCIATES' liability exceed the fees charged and such liability excludes special, consequential, indirect and incidental damages.

I the undersigned Rider, the parents or guardians on their own behalf and Rider (if a minor), agree to defend and indemnify HJS and ITS ASSOCIATES from any and all claims, causes or action, damages, judgements, costs or expenses, including attorney's fees, in any way arising out

of the Rider's, parent's or guardians or their representatives, employees, agents and invitees use of, or presence at HJS and ITS ASSOCIATES' Premises.

This release shall survive termination of this Agreement and apply to all future dates whereby I the undersigned, the Child, the parents or guardians on their own behalf and Rider's (if a minor), engage in any future activities provided by HJS and ITS ASSOCIATES' Premises.

6. Emergency Medical Information and Permission

ACCIDENT/MEDICAL INSURANCE COMPANY NAME IS: _____

POLICY NUMBER IS: _____ GROUP NUMBER IS: _____

Please list any known medical conditions (e.g. allergies, recurring illness, disabilities, and prior injuries):

Family Physician contact info:

Name: _____ Phone: _____

7. Emergency Medical Permission if Rider is a minor:

In my absence, I also give permission to perform and seek any emergency medical care for Rider as deemed necessary by a physician as a result of injury from participating in HJS's activities.

SIGNER'S OF STATEMENT OF AWARENESS

I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT AND CERTIFY THAT ALL FACTS PROVIDED ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER (Spouses must sign individually) DATE

SIGNATURE OF PARENT, GUARDIAN (for minor) AND/OR SPOUSE #1 DATE

SIGNATURE OF PARENT, GUARDIAN (for minor) AND/OR SPOUSE #2 DATE

Full Street Address _____

City _____ State _____ Zip Code _____