

Date \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Print (Last Name) \_\_\_\_\_ (First) \_\_\_\_\_

Address in full \_\_\_\_\_

**Victory Stables Inc.** - STABLE NAME, hereinafter known as "THIS STABLE". LOCATION:  
 WESTMORELAND COUNTY, APOLLO, PA 15613

**PLEASE READ CAREFULLY BEFORE SIGNING**

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. INJURY MAY ALSO RESULT FROM JUST BEING ON THE FARM PREMISES. RIDERS AS WELL AS SPECTATORS MUST BE ALERT AND AWARE OF THEIR SURROUNDINGS AT ALL TIMES. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.**

**A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE -** 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 hire from THIS STABLE a horse, tack and equipment, personnel, use of the farm grounds and trails (both on and off the farm grounds) for the purpose of horseback riding, training and horse pleasure activities, today and on all future dates:

**ALL IMMEDIATE FAMILY MEMBERS MAY BE LISTED ON ONE FORM  
 IF UNDER 18, PARENT/GUARDIAN MUST SIGN  
 IF NOT IMMEDIATE FAMILY, USE SEPARATE WAIVER.**

Print Below

Rider or Visitor Name (if riding complete all info.)	Age	Weight (over 240 Y or N)	Riding Experience Less than 10 hrs. - B More than 10 hrs. - M
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Does any Rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse? (Check One) Yes No If "yes describe here: \_\_\_\_\_

**REASON FOR RELEASE** (Please circle at least one) BOARDER LEASEE VOLUNTEER LESSONS GUIDED RIDE  
 CAMP B.D. PARTY PONY RIDE SCOUTS CLINIC TRAINING SPECTATOR OTHER

**PERMISSION TO PHOTOGRAPH:** I hereby authorize THIS STABLE permission to use my/our likeness in a photograph in any and all of its publications, including but not limited to all THIS STABLE printed and digital publications. I/we understand and agree that any photograph using my/our likeness will become property of THIS STABLE and will not be returned. It is acknowledged that since participation is voluntary, no financial compensation will be received. THIS STABLE is hereby irrevocably authorized to edit, alter exhibit, publish or distribute photo for the purposes of publicizing THIS STABLE'S programs or for any other related lawful purpose. The right is waived to inspect or approve the finished product. We fully understand the contents and meaning to be photographed.

**APPROVAL (Check One) Yes No** Initials \_\_\_\_\_

*(Write Initials below after reading each section. Parents or Guardians must also initial)*

B. \_\_\_\_\_ / \_\_\_\_\_ I recognize and have been informed that some of the instructors, trainers, wranglers and helpers of THE STABLES will be minors. (Individuals under the age of 18) I/We expressly consent to minors holding these positions and performing these activities.

C. \_\_\_\_\_ / \_\_\_\_\_ **AGREEMENT- SCOPE- DEFINITIONS:** This Agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise, handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

D. \_\_\_\_\_ / \_\_\_\_\_ **ACTIVITY RISK CLASSIFICATION I/WE UNDERSTAND THAT:** Horseback riding is classified as **RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY**, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/We further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: **THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMALS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.**

E. \_\_\_\_\_ / \_\_\_\_\_ **I/WE UNDERSTAND THAT: THIS STABLE** chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginner riders, and THIS STABLE follows a risk reduction program. Yet, no horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; changing direction or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger. Horses are match to description of rider's experience and ability.

F. \_\_\_\_\_ / \_\_\_\_\_ **RIDER RESPONSIBILITY – I/WE UNDERSTAND THAT:** Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women not to ride horses, unless permission is given under advice of her physician.

G. \_\_\_\_\_ / \_\_\_\_\_ **CONDITIONS OF NATURE – I/WE UNDERSTAND THAT: THIS STABLE IS NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, other horses, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on uneven ground.

H. \_\_\_\_\_ / \_\_\_\_\_ **CARRY ON OBJECTS AND SHARP NOISES – I/WE 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. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, cell phones, and/or purses. Riders must not make loud noises, such as screaming or yelling, which may scare a horse.

I. \_\_\_\_\_ / \_\_\_\_\_ **SADDLE GIRTH - NATURAL LOOSENING – I/WE UNDERSTAND THAT:** Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this, he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

J. \_\_\_\_\_ / \_\_\_\_\_ **ACCIDENT/MEDICAL INSURANCE – I/WE AGREE THAT:** should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such required expenses.

My accident/medical insurance company is \_\_\_\_\_ policy# \_\_\_\_\_

K. \_\_\_\_\_ / \_\_\_\_\_ **PROTECTIVE HEADGEAR OFFERING** - I, for myself and on behalf of my child and/or legal ward, have been offered an SEI CERTIFIED ASTM STANDARD Equestrian 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 of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences. 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 the rider's head at all times.

L. \_\_\_\_\_ / \_\_\_\_\_ **I/WE AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THE STABLES, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES activities; and I do further agree, I shall not bring claims, demands, action and causes of action, and/or litigation, against THIS STABLE and/or 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 and/or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE. Additionally, I recognize that just being on the farm premises creates a risk of injury and I/we will bring no cause of action related to any injury sustained while being on the farm property.

**All Riders and Parents or Legal Guardians must sign below after reading this entire document, each spouse involved must sign: SIGNER STATEMENT OF AWARENESS 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, AND AGE ARE TRUE AND ACCURATE**

SIGNATURE OF RIDER (Spouses must sign for themselves) and/or VISITOR ON PROPERTY FOR ANY AND ALL PURPOSES

\_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

SIGNATURE OF VICTORY STABLES INC. REPRESENTATIVE \_\_\_\_\_

**ENJOY YOUR DAY AT THE RANCH!**

**BE CAREFUL BE SAFE**