

Feathered Grace Farm

ADULT EQUINE LIABILITY RELEASE AGREEMENT

My name is _____ (hereinafter called "I," "me," "my,"
"Student" and/or "myself")

I live at: _____
(Street address)

(City, state, ZIP)

Phone number: _____

Email: _____

On behalf of myself, my heirs, executors, administrators, and assigns, I do hereby release, waive, and discharge Feathered Grace Farm of 154 FM 672 Dale, TX 78616 and the owners of the horse ridden at the direction of Cher and/or Preston Brock from any liability, loss, damage, cost, expense, or claim resulting from any injury to me, or the property of either of us, that may result from any occurrence while engaged in riding the horse, observing, or being otherwise engaged in any activity around the horse(s)/farm animals or on the property of Feathered Grace Farms of 154 FM 672 Dale, TX 78616.

Further, I release Feathered Grace Farm from any liability, loss, damage, cost, expense, or cost whatsoever on account of first aid or medical treatment or service rendered to me as a result of participation in any activity at Feathered Grace Farms of 154 FM 672 Dale, TX 78616.

In consideration of the services provided by Feathered Grace Farm, I agree to maintain health and accident insurance on myself. I assume full financial responsibility for any and all accidents, harm, or injuries to me incurred while participating in any activity on the property of Feathered Grace Farm of 154 FM 672 Dale, TX 78616.

In furtherance of my obligations under this agreement, I agree to defend Feathered Grace Farm of 154 FM 672 Dale, TX 78616 the owners of horse ridden at the direction of Cher and/or Preston Brock, and each of them against all suits, claims, demands, and actions by and through legal counsel chosen by Feathered Grace Farm owners Cheryl and/or Preston Brock of 154 FM 672 Dale, TX 78616.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Students Initials

Sometimes we take photos of our riding students during their lesson. If you **DO NOT** want photos of you to be published on our webpage or Facebook page, please initial here:

Students Initials

I have read the foregoing and understand its contents of the Adult Equine Liability Release Agreement.

Signed this the _____ day of _____, 20 _____

(Signature of Student)

WARNING: THIS IS A BINDING LEGAL DOCUMENT. YOU ARE GIVING UP SOME IMPORTANT RIGHTS IN EXCHANGE FOR PARTICIPATING IN ACTIVITIES AT 154 FM 672, DALE, TX 78616. IF YOU DO NOT UNDERSTAND YOUR RIGHTS, CONSULT WITH AN ATTORNEY BEFORE YOU SIGN THIS DOCUMENT.