

**HORSE RENTAL, EQUESTRIAN, GUIDE & OUTFITTER SERVICES AGREEMENT,
LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT**

[FOR FAMILIES OF ADULTS AND THEIR LEGAL MINOR AGE CHILDREN AND / OR LEGAL WARDS]

WOODSTONE MEADOWS STABLES, INC

STABLE / OPERATOR NAME, hereinafter known as "THIS STABLE".

2560 Ag Center Drive McGaheysville, VA 22840

Location or Address of THIS STABLE

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

- A. **REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in horse rental services and / or equestrian services and / or guide and outfitter services provided by THIS STABLE.

1st ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & W	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with ride his / her special needs?</p> <p>8. Medical Insurance: I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance shall pay for ALL such incurred expenses Signed _____</p>			
1st MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with his / her special needs?</p> <p>8. I and/or my medical insurance provider shall pay for all such incurred expenses. Signed _____</p>			
2nd MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with his / her special needs?</p>			
3rd MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with his / her special needs?</p>			
4th MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with his / her special needs?</p>			
5th MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT	WEIGHT
1.	2. Age _____ 3. Date of Birth _____	4. HT ____' ____"	5. WT _____ #
<p>6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one)</p> <p>7. If you circled "YES", how can we help this participant with his / her special needs?</p>			

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EACH ADULT MUST
WRITE INITIALS BELOW AFTER
READING EACH SECTION.
PARENTS or GUARDIANS MUST
✂ ALSO INITIAL.

The signer hereto acknowledges that Woodstone Meadows Stables, Inc., its managers and staff, have the absolute right and authority to refuse service to a rider (Adult or Child) or dismiss a rider at any time with no refund due to unruly, disruptive or abusive behavior of any kind toward any person or animal on the property.

_____ Initials

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS This agreement shall be legally binding upon me the registered participant, 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. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive instruction or guidance from its associates and / or when I ride and / or am near horses on or off of THIS STABLE'S property. Any disputes by the participant shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.

C. INHERENT RISKS / ASSUMPTION OF RISKS I ACKNOWLEDGE THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding is an activity in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. 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; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.

D. WILDERNESS EXPERIENCE PARTICIPATION, CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES I / WE ACKNOWLEDGE THAT: The participant may be taking part in a "WILDERNESS EXPERIENCE" that may be hazardous to people. I / WE ACKNOWLEDGE THAT The meaning of "WILDERNESS EXPERIENCE" is defined as the pursuit of activity in a natural and / or wild and / or rugged and / or 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. I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The participant and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this participant's intended purpose, usage and presence upon THIS STABLE'S premises.

E. CARRY-ON OBJECTS WARNING AND SHARP, LOUD NOISES WARNING I / WE ACKNOWLEDGE THAT: When approaching, mounting and riding horses, I must not carry loose items that may fall or blow away or flap in the wind or bounce or make sharp or loud noises, the action of which may scare horses causing them to react in unsafe ways. SOME EXAMPLES ARE: Cameras, cell phones, hats not securely fastened under chin, fanny packs, backpacks. When near or riding a horse, participants must not make sharp or loud noises, such as whistling or screaming or yelling, the sound of which may scare horses causing them to react in unsafe ways.

F. SADDLE GIRTH LOOSENING WARNING I / WE ACKNOWLEDGE THAT: Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

G. PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING: All riders Must Wear ASTM Standard F1163 Protective Headgear/Helmets. I / WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling, and / or being near horses, and I understand that the wearing of such headgear/helmet at these times may 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 and other occurrences. I am not relying on THIS STABLE and / or its associates to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

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H. JURISDICTION and WARNING

I agree that the state and federal courts located in Rockingham County, Virginia shall be the sole venue for any legal dispute arising from this agreement or from my participation in the event, even though some other jurisdiction or venue may be permissible or more convenient.

WARNING: Under Virginia law, there is no liability for an injury to or death of a participant in a project activity conducted at this location if such injury or death results from the inherent risks of the project activity. Inherent risks of project activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to the injury or death. You are assuming the risk of participating in this project activity.

I. **LIABILITY RELEASE** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on their 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 ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or 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 me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

H. EQUINE ACTIVITY LIABILITY ACT (EALA)

WARNING:

Warning under Virginia Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. VA Code Ann. 3.2-6202

**Parents or Legal Guardians and each Participant (age 12 or older) must
sign below after reading and completing this entire document.**

SIGNER STATEMENT OF AWARENESS

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I / WE AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF ADULT PARENT OR GUARDIAN #1 (Spouses must sign for themselves.)

DATE

SIGNATURE OF ADULT PARENT OR GUARDIAN #2 (Spouses must sign for themselves.)

DATE

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARTICIPANT

DATE

Address In Full _____ Home Phone # _____ Bus. Phone # _____

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP TO PARTICIPANTS

() _____
PHONE NUMBER