



Dream Weaver Farms Equine Release and Hold Harmless Waiver of Liability Assumption of Risk Indemnity Agreement

Name: _____

Address: _____

Phone: _____

I hereby enter into this agreement in consideration of my ability and permission to ride or use any horse owned by Dream Weaver Farms, owners Lynn and Steve Decker, whose address is 733 Zion Church Rd, Crockett, VA 24323.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT DREAM WEAVER FARMS, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR DREAM WEAVER FARMS.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown, fallen on or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release Dream Weaver Farms and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a Training Clinic, Private Lesson and in a stable environment and/or with horses, as well as from the active negligence of Dream Weaver Farms, its principals and agents.

(Initial) _____

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By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at Dream Weaver Farms, there will not be a nurse on the premises and Dream Weaver Farms and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Dream Weaver Farms and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Dream Weaver Farms or any acts or omissions of Dream Weaver Farms principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at Dream Weaver Farms, without restriction, without liability to Dream Weaver Farms, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities of Dream Weaver Farms, I do so at my own risk, and I hereby acknowledge and agree that Dream Weaver Farms and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Dream Weaver Farms.

Person voluntarily entering into this Equine Release and Hold Harmless Waiver of Liability Assumption of Risk Indemnity Agreement:

Printed Name: _____ Date: _____

Participant's Signature: _____

If minor, person representing himself/herself as the lawful Guardian under this Equine Release and Hold Harmless Waiver of Liability Assumption of Risk Indemnity Agreement:

Lawful Guardian's Printed Name: _____

Lawful Guardian's Signature: _____

Date: _____