



2018 RELEASE

Please print legibly

Date: _____

Name: _____
Last First Middle

Phone: Cell _____ Home _____ Work _____

Email: _____

Address: _____

City, State, Zip: _____

Parent Name: _____ Parent Cell: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Preferred Medical Facility: _____

ATS POLICY AGREEMENT

I have viewed and agree to the policies listed below:

1. **Photo Release:** I Do I Do Not
2. **Consent for Emergency Medical Treatment:** I Do I Do Not
3. **Social Media Policy:** I Do I Do Not

I hereby confirm that I have read and understand the above policies of Autumn Trail Stable.

Signature: _____ Date: _____

I represent to ATS that I am the parent or guardian of the Applicant who appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the Photo Release policy, Consent for Emergency Medical Treatment, and Social Media policy. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ Date: _____



STATEMENT OF UNDERSTANDING, AUTHORIZATION RELEASE AND INDEMNITY 2018

THIS IS A RELEASE OF YOUR RIGHTS TO SUE

Statement of Understanding, Authorization Release and Indemnity

_____ (Participant/Visitor's Name) would like to participate at Autumn Trails Stable. I acknowledge the risks and potential for risks of being in the presence, handling and riding of horses. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever any potential claims for damages against Autumn Trails Stable. In return for the opportunity to participate at and/or visit Autumn Trails Stables, I hereby forever release, acquit and discharge Autumn Trails Stable and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with Autumn Trails Stable. I also understand and agree that Autumn Trails Stable assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to Autumn Trails Stable that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

OHIO STATEMENT OF INHERENT RISKS

Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

WARNING! PLEASE REREAD THIS DOCUMENT BEFORE SIGNING. IF YOU SIGN IT, NEITHER YOU NOR YOUR ESTATE NOR YOUR FAMILY WILL EVER BE ABLE TO OBTAIN MONETARY DAMAGES FROM AUTUMN TRAILS STABLE, INC. OR ANY OTHER PERSON OR ENTITY IN THE EVENT YOU ARE KILLED OR INJURED AS A RESULT OF THEIR NEGLIGENCE.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.