

Stepping Stone Stables  
1194 Capps Bridge Road  
Pikeville, NC 27863  
(919)394-6269

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGES FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF STEPPING STONE THERAPEUTIC RIDING PROGRAM, ITS EMPLOYEES, AGENTS, INSTRUCTORS, BOARD OF TRUSTEES, AND VOLUNTEERS ("THE RELEASEES"). THIS IS A LEGALLY BINDING INSTRUMENT WHICH MAY AFFECT YOUR LEGAL RIGHTS. IF YOU HAVE ANY DOUBTS OR CONCERNS ABOUT ANY ASPECT OF THIS DOCUMENT, PLEASE SEEK COMPETENT LEGAL COUNSEL BEFORE SIGNING.

NAME: \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself (and my minor child(ren), \_\_\_\_\_),

reside at:

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

In consideration for allowing me (or my minor child(ren)) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouse and assigns, I HEREBY:

1. Acknowledge that a horse or mule may, without any warning or any apparent cause, buck, stumble, trip, roll, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break-all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. Understand that I may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibilities, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs, and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not, man-made or natural.
3. ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
4. Voluntarily assume the risk and danger of injury or death inherent in the handling of riding of the horse, and use of saddles, bridles, equipment and gear provided to me by the Releasees.



***Rider (under 18), Parent/Guardian, please sign:***

As a parent/guardian of the person named above, I hereby knowingly and understandingly agree to the terms of this Agreement to Participate, Authorization and Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement and join in the execution of this Agreement for the purposes herein expressed. I/We do hereby grant permission of my/our child to participate, and I/we assume all risks which may result therefrom. I/We recognize that our child's involvement in riding, by nature, can be dangerous and potentially harmful. I/We personally assume liability and responsibility for any personal injury or property or other damage which may result from my/or child's participation in the activity, and I/we do hereby expressly release and hold harmless Stepping Stone Stables, its employees, agents, instructors, Board of Trustees and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in the above activity. I hereby voluntarily, knowingly and understandingly agree to the terms of this Agreement to Participate, Authorization and Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.

_____	_____	Date: _____
Parent's Printed Name	Signature	
_____	_____	Date: _____
Witness Name	Signature	

## STANDARD PHOTO, VIDEO, AND RECORDINGS RELEASE FORM

I hereby grant permission to Stepping Stone Stables and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice.

I further grant to Stepping Stone Stables and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining Stepping Stone Stables and its activities and for administrative, educational or research purposes. I acknowledge that Stepping Stone Stables owns all rights to the images and recordings.

First and Last Name (Printed) \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name (if under age 18) \_\_\_\_\_

### Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

I hereby release, defend, indemnify and hold harmless Stepping Stone Stables, its owners, employees, representatives or volunteers from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Signature (if 18 years or older) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under age 18) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date

## Emergency & Medical Information

Please list at least 2 emergency contacts that may be used in the event of a medical emergency.

#1: \_\_\_\_\_ Contact #: \_\_\_\_\_

#2: \_\_\_\_\_ Contact #: \_\_\_\_\_

#3: \_\_\_\_\_ Contact #: \_\_\_\_\_

Do you/your child (if rider is under 18) have any allergies? \_\_\_\_ No \_\_\_\_ Yes.

If yes, please list and explain in the space provided here: \_\_\_\_\_

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Are you/your child (if rider is under 18) in treatment for any chronic illnesses, physical limitations, seizure activity, history of broken bones or previous surgery? \_\_\_\_ No \_\_\_\_ Yes.

If yes, please list and explain in the space provided here: \_\_\_\_\_

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If your/your child's health condition changes, please advise Stepping Stone Stable of the change prior to your/your child's next session. Likewise, if information for your emergency contacts changes (new phone number, change in status, etc.), please advise Stepping Stone Stable of the change prior to your/your child's next session. You will be asked to provide a written update for both of these situations.

Initial here indicating you understand: \_\_\_\_\_

## Consent to Treat

In the event of accident or injury while on the property of Stepping Stone Stables I do give consent for emergency, medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Stepping Stone Therapeutic Riding Programs. This provision will only be invoked if the person listed on the pages above cannot be reached.

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Signature (if 18 years or older)

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Date

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Signature of Parent/Guardian (if under age 18)

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Date

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Signature of Witness

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Date

## Non-Consent to Treat

I do NOT give my consent for emergency, medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Stepping Stone Stables. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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Signature (if 18 years or older)

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Date

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Signature of Parent/Guardian (if under age 18)

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Date

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Signature of Witness

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Date