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:		
l,		, 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:

- 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.
- 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.
- 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.

- 5. Release, discharge and promise not to sue the Releasees for any loss, damage, injury (including death) or cost to my or my child's person or property arising out of riding or handling a horse, or use of saddles, bridles, equipment or gear provided by the Releasees.
- 6. Release the Releasees from any claim that such Releasees were negligent in connection with my or my child's riding a horse, including but not limited to training or selecting horses, maintenance, care, fit or adjusting of saddles or bridles, instruction on riding skills or leading and supervising riders, which resulted in loss, damage, injury, or both.
- 7. Indemnify, and save and hold harmless the Releasees from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse and/or use of any saddles, bridles, equipment or gear provided therewith resulting from or contributed by my own negligence.
- 8. Expressly agree that the foregoing release and assumption of risk, and indemnity agreement is governed by the laws of the State of North Carolina and is intended to be as broad and inclusive as is permitted by North Carolina law, and that in the event any portion of this Agreement is determined to be invalid or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
- 9. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releasees for any injury or damage in breach of this contract, I will pay all attorneys' fees and costs incurred by the Releasees in defending such an action.
- 10. IT IS RECOMMENDED THAT I, MY CHILD, AND ALL RIDERS WEAR A PROTECTIVE HELMET. ASTM/SEI APPROVED HELMET.

I (and for my child) decline to wear a helmet (please initial here): ______

- 11. I agree to abide by all rules of Stepping Stone Stables and my instructors. I will follow my instructors instructions and safety rules for riding.
- 12. If the person who is to enter into this Agreement is under eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor.

Rider (Over 18), please sign:

I have read this document. I understand it is a promise not to sue and to release Stepping Stone Stables, its employees, agents, instructors, Board of Trustees, and volunteers, for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of the horseback riding experience.

		Date:	
Printed Name	Signature		
		Date:	
Witness Name	Signature		_

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

#1:	Contact #:
#2:	Contact #:
#3:	Contact #:
Do you/your child (if rider is under 1	18) have any allergies? No Yes.
If yes, please list and explain in the s	space provided here:
	18) in treatment for any chronic illnesses, physical limitations, ones or previous surgery? No Yes.
If yes, please list and explain in the s	space provided here:
	changes, please advise Stepping Stone Stable of the change pric wise, if information for your emergency contacts changes (new
	c.), please advise Stepping Stone Stable of the change prior to will be asked to provide a written update for both of these

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

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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.

Signature (if 18 years or older)	Date	
Signature of Parent/Guardian (if under age 18)	Date	
	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:

Signature (if 18 years or older)	Date	
Signature of Parent/Guardian (if under age 18)	Date	
Signature of Witness	Date	