



## Release of Liability

1. **Agreement to Follow Directions.** I agree on behalf of myself and/or for my minor(s) and other family members to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Walker Acres, or the employees, representatives or agents of Walker Acres.
2. **Assumption of the risks & release.** I recognize that there are certain inherent risks, including but not limited to damaged personal affects, injury, or death, associated with the Equine Sport and I assume full responsibility for personal injury for myself and (if applicable) my family member(s), and further release and discharge Walker Acres for injury, loss or damage arising out of my or my family's use of the presence upon the facilities of Walker Acres, whether caused by the fault of myself, my family, Walker Acres or other third parties whether applicable onsite at Walker Acres or at another location in association with Walker Acres.
3. **Indemnification.** I agree to indemnify and defend Walker Acres against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presences upon the facilities of Walker Acres.
4. **Fees.** I agree to pay for all damages to facilities, equipment, and/or animals of Walker Acres caused by any negligent, reckless, or willful actions by me or my family. **I understand any/all services provided to me by Walker Acres are to be paid in full either up-front or prior to departure and that Walker Acres is under no obligation to refund or credit any fees and/or services already paid by me or my family members.** I understand that Walker Acres reserves the right to discontinue service with myself and/or my family at any time for reasons of, but not limited to, dangerous/self-destructive exhibits of behavior, habitual cancellations of 2 or more appointments, etc.
5. **Medical authorization.** In the event of an injury to myself or the minor during summer camp or horse related activities, including but not limited to grooming, riding, competition, trail, etc., I give my permission o Walker Acres or to the employees, representatives or agents of Walker Acres to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin upon the date signed below & will remain in effect until I or the minor complete purchased services. Walker Acres shall have the following powers:
  - a. The power to seek appropriated medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital.
  - b. The power to authorize medical treatment or medical procedures in an emergency situation
6. **Applicable law.** Chapter 99E of the North Carolina General Statutes." Under North Carolina law, **an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant** in equine activities resulting exclusively from the inherent risks of equine activities. Any legal or equitable claim that may arise from participation in equine related activities shall be resolved under North Carolina Law.
7. **No duress.** I agree and acknowledge that I am under no pressure or duress to sigh this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this



Walker Acres LADIES RIDE registration

Agreement if I so desire. I further agree and acknowledge that Walker Acres is under no obligation to offer a refund of any fees I have paid to use its facilities nor any obligation to offer any type of service to me or the minor if I choose *not* to sign this Agreement.

1. **Consent.** In signing below, I consent to the participation for myself and/or the participation of my minor in the activities associated with horses including but not limited to riding, grooming, feeding, etc. in addition to any activities associated with camps &/or training, and agree on behalf of the minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the minor and authorize permission. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

i. Print first & last name: \_\_\_\_\_

iii. Sign: \_\_\_\_\_

iv. Date: \_\_\_\_\_

Please indicate which date(s) you are registering for: \$120 per rider

( ) MAY 14 (rain date May 21) 2-3p ( ) OCT 15 (rain date Oct 22) 2-3p

Primary contact #1 name: \_\_\_\_\_

Rider name { \_\_\_\_\_

Phone number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

would you like to join our monthly newsletter email list? Y [ ] N [ ]

Emergency contact name: \_\_\_\_\_

Relationship: { \_\_\_\_\_

Phone number: \_\_\_\_\_

Email (optional): \_\_\_\_\_