

Quail Run Farm, 624 W. Jeter Road, Bartonville, Texas 76226

PLEASE PRINT CLEARLY

Name _____ **E Mail** _____

Address _____ Tel # (H) () _____

City _____ State _____ Zip _____ (W) () _____

I.C.E (In Case of Emergency) Name _____ **# ()** _____

RELEASE 2009/10

In receiving permission to enter upon the premises of Quail Run Farm from time to time, the receipt of such permission is hereby acknowledged and in further consideration of receiving permission to participate either as a boarder, trainer, rider, competitor or in any other capacity, in any activity, such as showing, taking lessons, riding or using equestrian facilities in any fashion. The receipt of such permission being also hereby acknowledged, the undersigned hereby releases Peter and Jan Walling – Quail Run Farm, related or affiliated companies (this shall include adjacent land owners, and also those offering stabling to the undersigned in connection with Quail Run Farm equestrian activity) and their respective offices, trustees, agents, and employees, from any and all liability, claims, including death, that may be sustained by the undersigned, or any property or animal belonging to the undersigned, while in, on, or upon, said property or any property leases to, owned by, or under the control or supervision of any of the above named entities or individuals.

The undersigned being fully aware of the risks and hazards inherent in entering upon said premises and/or participating in any such activity at said premises, hereby elects voluntarily to enter upon premises, knowing their present condition and knowing that the said conditions may become more hazardous and dangerous during the time that the undersigned, while in, on, or upon or while boarded at said premises. The above shall hold true if the undersigned should venture on to an adjoining neighborhood property.

In the event of injury to the undersigned, or animal of the undersigned, ambulance services, medical, paramedical or veterinarian attention may be provided, (at the undersigned's expense) if possible, by one of the above named entities or individuals. This release extends to any and all liability arising out of or in anyway connected with such provision of ambulance services, medical, paramedical or veterinarian attention or the failure to provide thereof.

This release shall be binding upon the distributees, heirs, next of kin, personal representatives, executors, and administrators of the undersigned.

It is strongly recommended that all riders wear correctly fitted ASTM/SEI approved Hard Hats with chin straps securely fastened and Hard Soled and Heeled Footwear, Protective Body Protector Vests and carry/ wear medical ID card when mounted and especially when jumping. Children are not permitted to ride without fastened hat as described above.

Horse owners are encouraged to have Personal Medical and Liability Insurance and have their horses covered by Mortality and Theft and Medical and Surgical Veterinarian Insurance. They are advised to list all their tack, horse clothing, equipment etc. on their Home Owners Insurance policy and to also list their Horse Trailer with automotive or home insurance. Quail Run Farm, Peter or Jan Walling etc. are not responsible for horse owners' property or the insurance thereof.

For your personal safety, please do not ride if you have reason to believe that you are alone on the property. Please do not jump fences if another adult does not accompany you.

In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it, signs it voluntarily, and that he or she is over 18 years of age and of sound mind. Parent or legal guardian may sign if necessary.

WARNING!

UNDER TEXAS LAW (CHAPTER 87 CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO/AND OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I Promise not to sue any of the above under any circumstances. _____

Parent/Guardian signature if participant is under 18 years _____ Signature. _____ Date. _____

Neg. Coggins # _____ Date. _____ **TRAINER** _____