

Twin Artesian Stables LLC RELEASE FORM

- I understand that all equine activity along with riding/groundwork carries a certain risk. The horse is an animal and therefore not without unpredictability and can be dangerous.
- I understand that **I am responsible for ANYONE handling my personal horse at any time; I have been informed –any other handlers are to sign ALL releases- prior to them handling my personally owned horse.**
- I understand that the lesson/class is being put on by Twin Artesian Stables, and helpers. I agree and understand that I must follow the rules as instructed.
- I agree and understand that Twin Artesian Stables & helpers, our insurers, other riders, stable owners and bystanders are not liable for death, sickness, and/or accident including but not limited to consequential damages caused by anyone present or any other animal or equine before, during or after any equine activity.
- I agree to make no claim for any reason-including our insurers; whatsoever against Twin Artesian Stables & helpers and other riders, stable owners as a bystander. No claim for loss, theft, damage or destruction of goods, nor any injury to myself or any member of my family or any equine with me; while, before or after. Includes any claim arising out of acts of negligence of same in connection
- I hereby authorize any physician or hospital to proceed immediately with treatment should I, my horse handler or any member of my family requires emergency treatment, in the event I cannot give my consent.
- I understand my presence authorizes use of any photo or video taken.
- I understand signing this form is ongoing, no time limit. This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.
- I agree I do not have any physical and/or mental health conditions or disabilities that may affect my safety & ability to ride/handle a horse. NOTE- Doctor release MUST be attached along with this release, if I have any conditions or disabilities.

NOTICE: PURSUANT TO, Wisconsin State Statutes Sec. 95.481- A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, defined in section 895.481 (1)(e) Wisconsin State Statutes.

- **PROTECTIVE HEADGEAR** I understand it is highly recommended to use a approved riding helmet. A helmet can be provided with prior request. Under age 18-helmet is required.
I am Accepting FULL RESPONSIBILITY FOR MY SAFETY IN THIS DECISION if I don't wear a helmet. I and my insurers- Twin Artesian Stables & helpers and their insurers, free from any and all liabilities I may receive as a result of my actions and failure if I don't wear a safety helmet.

Participant Signature _____ Date _____

Phone _____ Address _____ City _____ Zip _____

Custodial Parent/Legal Guardian _____ Date _____

Phone _____ Address _____ City _____ Zip _____

Person to notify in emergency _____ Phone _____