North Wynd Stable and Sunflower Sport Horses, LLC

**Liability Release Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing my children, or myself in an equine environment is creating a hazardous situation.

I am over 18 and I am the parent or legal guardian for all children under the age of 18, named in this Release Form.

I understand that riding horses or ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible.

I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies.

I understand that riding, jumping and being in the presence of horses or ponies is a particularly dangerous activity and that serious injury or death of individuals or horses is possible.

I am aware that serious injury or death of my mount is possible when it is handled, trained, or in a lesson.

I understand that North Wynd Stable (NWS) and Sunflower Sport Horses, LLC (SSH), are separate and independent businesses. All assets, riding equipment, and animals owned by SSH and all services provided by SSH staff including Leah Saltzman, are a direct service for the individuals named in this Liability Release Form and are not in any manner provided as an employee, agent, or subcontractor of NWF.

I understand that as an independent business, SSH has no responsibility or liability for access to, and use of, the facilities, property, equipment, animals and any other assets that are owned or under the care of NWF.

I release NWS. its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself, regardless of cause.

I release SSH, its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself, regardless of cause.

Both NWS and SSH, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

I understand that I am fully responsible for abiding by the rules of conduct and safety that are posted in and around the venue where services are provided, as well as abiding by all rules and safety instructions as directed by NWS and SSH staff. I understand this applies to myself, any children named in this Liability Release Form, and any guests that I may have on the property.

I understand that I am fully responsible for the behavior and safety of any guests that I may have on the property. I understand that I am fully responsible for fully informing each guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits, and for determining that the guest is sufficiently experienced to ride the horse.

**I have carefully read each paragraph listed above and understand its contents.**

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children's names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Phones (Primary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_