

HORSE USE/LESSON AGREEMENT AND LIABILITY RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN THIS ACTIVITY. CORNERSTONE FARM DOES NOT GUARANTEE YOUR SAFETY.

Warning: Under Colorado law, an equine professional is not responsible for an injury to or the death of a participant in equine activities resultant from the inherent risk of equine activities pursuant to section 13-21-119, Colorado Revised Statutes.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE. By signing this agreement, I and the parent or legal guardians thereof if a minor, do hereby agree to hire or borrow from Cornerstone Farm a horse, tack and equipment or to use Cornerstone Farm's facility and/or take instruction for the purpose of horseback riding today and on all future dates.

RIDER NAME	Date of Birth (if under 21)
Does this rider have physical and/or mental health condition ride a horse? Yes No If yes, desc	s, problems, and/or disabilities which may affect his/her ability to safely ribe here:
WRITE INITIALS RELOW AFTER READING FACH SE	CTION. RIDER AND PARENTS OR GUARDIANS MUST INITIAL.
B. AGREEMENT SCOPE AND TERRITORY A registered rider, and the parents or legal guard children, and personal representatives and it shor word is in conflict with state law, then that species. The term "horseback riding" herein reground or mounted. The term "rider" herein reground or mounted.	AND DEFINITIONS. This agreement shall be legally binding upon me the itans thereof if a minor, my heirs, estate, assigns, including all minor hall be interpreted according to the laws of Colorado. If any clause, phrase single part is null and void. The term "horse" herein refers to all equine effers to riding or otherwise handling of horses or ponies, whether from the effers to a person who rides a horse mounted or otherwise handles or comes 'me", "my" shall herein refer to the above registered rider and the parents
	erstand that horseback riding is classified as RUGGED ADVENTURE hat there are numerous obvious and non-obvious inherent risks always autions.
dispositions and sound basic training as is requ completely safe horse. Horses are 5 to 15 time human. If a rider falls from horse to ground it in injury to the rider. If a horse is frightened or	nd that Cornerstone Farm chooses its lesson horses for their calmulated for use as riding horses for beginning riders. Yet, no horse is a larger, 20 to 40 times more powerful, and 3 to 4 times faster than a will generally be at a distance of up to six feet, and the impact may result or provoked it may divert from its training and act according to its natural of limited to: stopping suddenly; changing directions or speed at will; bitting, running from danger.
control of the horse. The rider's safety largely	upon mounting a horse and taking up the reins the rider is in primary depends upon his/her ability to carry out simple instructions, and his/her animal. I agree that the rider shall be responsible for his/her own safety, nant.

F.	<u>CONDITIONS OF NATURE.</u> I understand that Cornerstone Farm is NOT responsible for acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples: thunder, lightning, rain, wind, water, wild and domestic animals, insects or reptiles which may walk, run or fly near or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature and natural and man-made changes in landscape.					
G.	CARRY-ON OBJECTS AND SHARP NOISES. I understand that riders must not carry items which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse, and must not carry sharp or pointed objects in their pockets which could cause injury in a fall. Riders must not make sharp loud noises, such as screaming or yelling, which may scare a horse.					
Н.	H. ACCIDENT/MEDICAL INSURANCE. I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses. My insurance company is and my policy number is I hereby authorize Cornerstone Farm to provide emergency medical care authorization or transportation for me or for my child.					
I.	PROTECTIVE HEADGEAR. I understand riding at all times that must meet SEI certif					
	LIABILITY RELEASE. I agree that in conunder the terms set forth herein, I the rider, personal representatives or assigns, do agree agents, employees, officers, directors, repreorganizations insurers, and others acting on from all claims demands, causes of action a unanticipated, due to Cornerstone Farm's at the event of Cornerstone Farm's gross and action, and/or litigation, against Cornerston non-economic losses due to bodily injury, oward in relation to the premises and operatinear horses owned by or in the care, custod Cornerstone Farm. In Parents or Legal Guardians must sign	for myself and on behalf of me to hold harmless, release an esentatives, assigns, members its behalf (hereinafter, collected and legal liability, whether the ind/or its associates ordinary millful negligence, I shall bring a Farm and its associates as seleath, property damage sustaitions of Cornerstone farm, to it y and control of Cornerstone below after reading this enterest to hold the selection of the selec	ny child and/or legal d discharge Cornerst downers of premises tively referred to as a same be known or usegligence; and I do a no claims, demand tated above in this claimed by me and/or my include while riding, Farm, whether on or ire document. Each	ward, heirs, administrators, tone Farm, its owners, and trails, affiliated "ASSOCIATES") of and anknown, anticipated or further agree that except in ds, actions and causes of ause, for any economic and minor child and/or legal handling, or otherwise being off the premises of		
	SIGNER ST dersigned, have read and do understand the f facts relating to the applicant's physical con		s, release and assum	ption of risk. I/we further		
SIGNATURE OF RIDER			Date			
		for				
SIGNATUR	E OF PARENT AND/OR GUARDIAN #1	NAME OF RII	DER (please print)	DATE		
PRINT NAM	ME(S) OF PARENT(S) AND/OR GUARDIA					
SIGNATUR	E OF PARENT AND/OR GUARDIAN #2	for NAME OF RID	ER (please print)	DATE		
Address in fu	ıll:	Phone	: :			
Emergency of	contact:Name	Relationship	Phone:	#		