Waiver, Assumption of Risk and Indemnity Agreement – Read Carefully

BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR ANY INJURY OR DAMAGE HOWSOEVER CAUSED

To: **Scott Phillips Amazing Horse Country Ltd.**(hereinafter referred to collectively as "The Company" and employees, representatives, officers and agents (hereinafter referred to collectively as "The Company Employees").

I hereby sign this agreement on behalf of personal representatives, my heirs, assigns, and myself.

Check off each box to confirm that you have read and understand it:

☐ I agree that my participation in this event and all related activities organized by The Company is strictly bound by the terms of this document.

☐ I agree that if I choose to ride **outside the clinic hours**, whether **in the arena** OR **on any obstacles** The Company owns or operates OR **on any trail /area**, whether on The Company property, a host's property or surrounding land, I do so **entirely at my own risk**.

☐ I acknowledge that this event and all related activities involve **inherent risks that may cause serious injury and possibly death** to participants. I further recognize that this event and all related activities involve **additional risks and dangers**.

☐ I fully understand the risks and dangers associated with my participation in this event and all related activities and accept the same **entirely at my own risk**.

☐ I hereby **waive any and all claims** which I many have against The Company and The Company Employees and **release** The Company and The Company Employees from **all liability** for injury, death, property damage, and any other loss sustained by me as a result of my participation in the event and all related activities, **due to any cause whatsoever** including, without limitation, negligence on the part of The Company and/or The Company Employees. I further **agree to indemnify** The Company and The Company Employees for any and all legal fees (on a solicitor and his own client bases) or costs which may be incurred in defending any lawsuit or claim I may bring against them.

☐ I appreciate that This Agreement applies whether The Company is at fault or not, and it limits the liability of The Company Employees to the same extent as it limits the liability of The Company even though The Company Employees are not formal parties to This Agreement. I understand that The Company, in securing execution of This Agreement by myself, is acting as agent or trustee on behalf of or for the benefit of The Company Employees, who shall to this extent be or deemed to be parties to This Agreement.

I have read and understood This Agreement. I understand that this document contains a promise not to sue The Company or The Company Employees and a release and indemnity for all claims. I sign this waiver voluntarily.

Date: _____ Location: _____

Participant Name:

Participant Signature: (**or** guardian if < 18) _____

Witness Name:

Witness Signature: _____

Horse's Name:

Email:

Photo Consent: ☐ I consent to allow Amazing Horse Country to share photos/videos of me and my horse on social media and the AHC website.