



QUAIL RIDGE EQUESTRIAN
(808) 352-1412

Quail Ridge Equestrian

3908 Red Hill Rd.
Whiteville, NC 28472

Release Form

WARNING

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Annie Ray, her agents and employees, her business, Quail Ridge Equestrian, and Patricia Ray's farm, Quail Ridge Farm, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I have read and fully understand the "WARNING" posted above.
3. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release Annie Ray, Quail Ridge Equestrian, Quail Ridge Farm, employees and anyone else directly or indirectly connected with Abernathy farm from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by Annie Ray and/or her agents and employees. I have read and been given a copy of the EQUINE ACTIVITY LIABILITY ACT, Chapter 99e of the North Carolina General Statutes.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals beyond that statutorily provided by the above referenced EALA; to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional (s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional (s) from any continuing duty to monitor my equine activities.
6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional (s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.
7. Should medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My emergency contact is:

Name: _____

Phone: _____

SIGNER STATEMENT OF AWARENESS

I/we the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk, I/we further attest that all facts relating to the Rider's experience, and age are true and accurate.

Signature of Rider

Date

Signature of Parent or Legal Guardian if Rider is a minor

Date

Address:

Phone Number:
