



Cedar Hill Farm Waiver of Liability & Legal Release

**CEDAR HILL FARM
25 CEDAR FARM ROAD
ASHEVILLE, NC 28803 828-450-0470
COUNTY OF BUNCOMBE, STATE OF NORTH CAROLINA**

DATE: ____/____/____ (please print clearly)

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Mark Holt, his family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "The Holt's"), for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless the Holt's or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk, and any proximity to horses may also expose me to risk of harm.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding. I acknowledge that accidental injuries have occurred in the past involving horses owned by or stabled by Cedar Hill Farm.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature on Page 2 constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride. I have read and understand this liability release.

CONTINUED ON PAGE 2

Date: ____ / ____ / ____

Print Name of Rider:

Signature of Rider:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |

Signature of Guardian if Rider is a Minor:

Lawful Guardian's Printed Name: _____

Lawful Guardian's Signature: _____

Date: _____

Street Address (Please print legibly as we use your address for mail-outs)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ @ _____

In Case of Accident Notify: _____

Phone Number: _____

List Any Known Allergies or Medical Conditions:
