



Southern Sky Stables, LLC.

RELEASE AND HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

WARNING

Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

The undersigned acknowledges that he/she had read the Kentucky Equine Activity Liability Statute.

It is recognized that equestrian activities are hazardous to participants, regardless of all feasible safety measures, which can be taken. The undersigned expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property, which results from participation in an equestrian activity. The participant shall have the sole individual responsibility for knowing the range of his or her own ability to manage, care for, and control a particular horse or perform a particular equestrian activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular horse or horses at all times while participating in an equestrian activity, to heed all posted warnings, to perform equestrian activities only in an area or in facilities designated by the horseman and to refrain from acting in a manner which may cause or contribute to the injury or anyone. The undersigned agrees to accept full responsibility for a collision or fall and to release Southern Sky Stables, LLC. and any officers, directors, agents, and employees. The undersigned agrees that if he/she is involved in an accident, that they shall not depart from the area or facility where the equestrian activity took place without leaving personal identification, including name and address, or without notifying the proper authorities, or without obtaining assistance.

In consideration of receiving permission to enter upon the premises of Southern Sky Stables LLC, from time to time, the receipt of such permission being hereby acknowledged, and in further consideration of receiving permission to participate either as an assistant, owner, attendant, participant, or in any other capacity, in any equestrian activity, such as showing, taking lessons, riding, or using equestrian facilities in any fashion on said premises, the receipt of such permission being also hereby acknowledged, the undersigned releases Southern Sky Stables, LLC. and any related or affiliated company and their respective officers, directors, agents, and employees of and from any and all liability, claims, demands or injury, including, death, that may be sustained by the undersigned while in or upon said premises leased to, owned by, or under control or supervision of any of the above-named corporations or organizations.

The undersigned being fully aware of the risks and hazards inherent in entering upon and/or participating in any such equestrian activity held at said premises, hereby elects voluntarily to enter upon the premises, knowing their present condition and knowing that said conditions may become hazardous and dangerous during the time that the undersigned is upon premises.

The undersigned hereby voluntarily assumes all risk or loss, damages, or injury, including death, that may be sustained by the undersigned, or at any property of the undersigned, while in, on or upon said premises.

The undersigned hereby acknowledges Southern Sky Stables, LLC policy that participating under the age of eighteen, is requires to wear a helmet while riding on the premises. The undersigned thereby assumes all risk associated with the failure to use such protective gear or clothing, including but not limited to helmets, boots, chest protection etc. while involved in any equestrian activity as defined in the Act.

This release shall be binding upon the distributees, heirs, next of kin, personal representatives, executors, and administrators of the undersigned.

Signed this _____ day of _____, 20____

Print name of Participant

Address

Signature of participant
Parent/guardian if under 18

City State Zip

Home Phone Number

Work Phone Number

Person to contact in Emergency

Emergency contract Phone Number

