

Black Horse Run

2245 Fairview Road, Fountain Inn, SC 29644

Participant Liability Release and Assumption of Risk Agreement

Please fill out, sign, and return the following waiver in recognition that, although all precautions will be taken to ensure the safety of all participants, accidents cannot always be prevented due to the inherent nature of equine activity.

Personal Information

Rider Name: _____

Parent/Guardian Name (if under 18): _____

Home Address: _____

Phone: _____

Emergency Contact

Name: _____

Phone: _____

I, the following listed individual, and the parents or legal guardians of this individual thereof if a minor, voluntarily agree to participate in the equestrian services provided by BLACK HORSE RUN, hereafter referred to in this contract as THIS STABLE.

WARNING

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I understand and agree that I as an individual or in behalf of my child/legal ward have read the above Equine Activity Liability Act Warning and agree to release, hold harmless, and discharge THIS STABLE, its owners, employees, representatives, and others acting in its behalf, of and from all claims, demands, and causes of action and legal liability for any damage to property, bodily injury, or death sustained by me or my child/legal ward while participating in any equine-related activity located at or in any way sponsored or assisted by THIS STABLE.

Signature of Individual

Date

Signature of Parent/Legal Guardian (if under 18)

Date