

## **HOLD HARMLESS AGREEMENT**

The UNDERSIGNED assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator.

The UNDERSIGNED does hereby agree to hold harmless and indemnify **River Mist Equestrian LLC** and further releases them from any liability or responsibility for accident, damage, injury to the UNDERSIGNED or to any horse owned by the UNDERSIGNED.

### **\*WARNING\***

UNDER GEORGIA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

By signing this document I \_\_\_\_\_ state that I:

Have read the GEORGIA EQUINE LIABILITY LAW, and that I shall not hold **River Mist Equestrian LLC** or its employees, any other owners, agents, or volunteers harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the facility, any equine activity, any horse, pony or animal on the property, living at, visiting or boarding at the facility. As for consideration for my visiting the facility I assume any risk of damage to property, animal, myself, or anyone visiting the facility with me. I understand that horses and other animals may bite, strike and etc. which can cause injury or death.

### Medical Permission

In the event Rider is a minor, the undersigned, on behalf of said minor, does hereby consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. The undersigned acknowledges that this consent to medical treatment is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage **River Mist Equestrian LLC** its employees, or any hospital staff and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned also agrees to pay all fees and expenses of doctors, hospitals, ambulances, and other medical expenses.

Date: \_\_\_\_\_

Name of Rider: \_\_\_\_\_

*Please print name*

Parent or Legal Guardian: \_\_\_\_\_

Signature of Rider or responsible party: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_