

ROCKY RIVER STABLES OF MIDLAND, LLC
12051 Pine Bluff Road, P O Box 414, Midland, NC 28107
704-888-8299

LIABILITY WAIVER AND RELEASE FORM

In consideration of the covenants herein contained and agreement with Rocky River Stables of Midland, LLC., it's officers, agents and employees, that

_____ I _____ My Child _____ My Ward _____
Insert Name of Rider(s)

being at least six (6) years of age, participate in horseback riding and all the activities incidental thereto. I do hereby release and discharge Rocky River Stables of Midland, LLC., it's owners, officers, agents, employees, volunteers, promoters, sponsors, producers, stock contractors, assigned persons and/or heirs from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators or assigns may have, or claim to have, against Rocky River Stables of Midland, LLC., it's successors or assigns, for all personal injuries, known or unknown, including death and injuries to self and/or property, real or personal, caused by or arising out of the above described activities.

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 Statues.

Rocky River Stables of Midland, LLC, its owners, officers, agents, employees, volunteers and/or other aforementioned persons will not be held liable for any injury to person(s) and/or participants or horse(s) brought by person(s) and/or participants, including death, incurred while riding or participating in any activity on the property of Rocky River Stables or other properties that may be ventured upon. In addition, property owners of other properties will not be held liable for any injury, including death that may occur to me, my child, my ward or horse(s) brought by me, my child or my ward while being present on their property while riding or participating in related activities. I fully understand that horseback riding is done so at personal risk.

It is with this agreement and release only that attendance is offered or permitted. I, the undersigned have full power, capacity and right without limitations to execute, deliver and perform this release. I have carefully and fully read this release and fully understand all of its terms and conditions. I am executing this release voluntarily and with full knowledge of its significance. The effective term of this release will be valid from this day forth, this _____ day of _____, _____.

<u>Print Name of Rider(s)</u>	<u>Date of Birth</u>	<u>Rider Level of Experience</u> <u>Beginner, Intermediate, Advanced</u>	<u>Years Riding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Print Name of Parent or Legal Guardian</u>	<u>Phone Number</u>
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<u>Signature of Rider, Parent or Legal Guardian</u>	<u>Date of Agreement</u>
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<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Home</u> _____	<u>Cell</u> _____	<u>Work</u> _____	
<u>Phone Numbers</u>			

Emergency Contacts and Phone Numbers

<u>Additional Pertinent Information</u>	<u>E-mail address</u>
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ENJOY YOUR RIDE !!!