



Loveland Ranch

ACKNOWLEDGEMENT OF RISK RELEASE AND HOLD HARMLESS AGREEMENT

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE)

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.

Name	
Address	
City, State, Zip	
Cell #	
E-Mail	
Date of Birth	

I, the participant, acknowledge the risk involved in riding and working around horses, which may include bodily injury from using, riding training, or being in close proximity to horses. I agree to assume any and all risks, including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls kicks, bites, collisions with vehicles, horses or stationary objects, the unavailability of medical care, or the negligence or deliberate act of another person.

I understand that **Loveland Ranch** trail rides and lessons can take place in isolated or wilderness areas over rough terrain and/or trails of unknown condition due to changing weather patterns. I also understand that horseback riding is a DANGEROUS SPORT ACTIVITY.

I understand that no horse is completely safe, and the Released Party makes to representations or guarantees regarding the safety, training, or suitability of any horse. A horse may divert from its speed, trip, fall, stop short, shift its weight, buck, rear, kick, bite, spook, or run from what it perceives to be a danger if it is frightened or provoked or for no reason whatsoever.

I understand that the saddle, girth, or cinches may loosen during a ride and that I am responsible for alerting the instructor/ guide to help me tighten it to prevent the saddle from slipping while I am riding if I need assistance.

I understand that **Loveland Ranch** has offered me a protective helmet which meets or exceeds the quality standards or the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian helmet requirement. The wearing of such a helmet may reduce the severity of some head injuries and may prevent any serious injury or death as a result of a fall or other occurrence, and I have chosen to wear it or not according to my own discretion.



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I understand that I am responsible for any emergency or ongoing medical treatment that may be required due to any injury that occurs while I am participating in these equine activities.

I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company

Is: _____ and my primary policy number

Is: _____ which I give **Loveland Ranch** permission to give the Health Care Providers if I am unable to do so.

I hereby agree to hold harmless and indemnify **Loveland Ranch**, it's staff and volunteers and the family whose property the horses are located on from any liability or responsibility, damage, injury, or illness to the undersigned or to any family member or spectator accompanying the undersigned onto the property.

As a Rider I consider myself:

_____ Beginner

_____ Intermediate

_____ Experienced

I decline _____ I accept _____ the use of a riding helmet.

Your height _____ and weight _____ so as we can figure out which horse and saddle is sized right for you. Our weight limit is 250 pounds please.

Emergency Contact

Name: _____ Phone Number: _____

I HAVE READ AND UNDERSTOOD AND VOLUNTARILY AGREE TO THIS WAIVER AND RELEASE.

Rider

Parent if rider is under the age of 18