

Salt Creek Ranch

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Laurel, Indiana 47024
765-698-2044

ACKNOWLEDGEMENT OF RISK ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding with Salt Creek Ranch.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, man-made or natural. I understand that proper attire is required.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

As consideration for being permitted by Salt Creek Ranch to engage in the activity of horseback riding, I do hereby wave any claim and release Salt Creek Ranch and all of their owners, officers, members, affiliated organizations, land owners, agents, volunteers and/or employees for any injury or death caused by or resulting from my participation in the activity of horseback riding.

Under Indiana 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.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Signature of Participant/Parent/Guardian _____

Date _____

Under 18 years of age, signature of parent or guardian is required.

Phone Number _____

Address _____