

WARNING: 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.

_____ (Please Initial)

PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

PARTICIPANT'S NAME: (Please Print) _____

E-MAIL ADDRESS: (Please Print) _____

IN CONSIDERATION of being permitted to participate among and on horses under the auspices of WILSTEM GUEST RANCH, I acknowledge, and appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. This risk includes but is not limited to my being in the presence of, mounted on, and/or leading horses.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility below, and assume full responsibility for my participation: and,
3. I will comply with all rules and regulations. If I have any question, or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest official: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Wilstem Ranch, owners and lessors of premises used to conduct the equestrian activities, their officers, officials, instructors, trainers, agents, and/or employees ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ AGE: _____ DATE SIGNED: _____
PARTICIPANT'S SIGNATURE

I acknowledge that I have been offered a riding helmet by Wilstem, Inc. and I Accept Reject the use of it.
(Circle One)

RIDER'S INITIALS _____

X _____
WITNESS (Wilstem Ranch employee)

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian's Signature Emergency Phone Number(s) Date Signed