



*Pleasant Hill Farm, Inc.*

**RELEASE OF LIABILITY FORM**

NAME: \_\_\_\_\_ (please print)

**Disclosure of Risk and Liability**

I, \_\_\_\_\_, the undersigned, for myself and on behalf of my child or legal ward named below, do hereby voluntarily request to participate in equine activities sponsored by *Pleasant Hill Farm, Inc.* (referred to as "Farm". The Farm shall also include Cammie Fielding. For purposes of this statement, the person actually participating in the equine activities is referred to as "participant".

Equine activities include, but are not limited to (1) equine shows, fairs, competitions, performances or parades that include any or all breeds of equines (i.e. horses, ponies, mules, donkeys or hinnies) and any of the equine disciplines, including but not limited to dressage, hunter and jumper horse shows, grand prix jumping, three day eventing, horse trials, combined training, rodeos, driving, pulling, cutting, steeple chasing, endurance trail riding, gymkhanas, western games and hunting; (2) equine care to include, but not to be limited to catching, leading, grooming and equine teaching activities; (3) boarding equines; (4) riding, inspecting or evaluating an equine belonging to another whether the owner has received some monetary consideration or other thing of value for the use of the equine; and (5) rides, trips, hunts or other equine activities or any type however informal or impromptu that are sponsored by the Farm.

**Disclosures and Agreements**

1. The undersigned understands that equine activities involve inherent and unavoidable risks, including the propensity of a horse to behave in a dangerous way which may result in injury or death to the participant and the inability to predict a horse's reaction to sound, movements, objects, persons or animals, and hazards to surface and subsurface conditions. The undersigned voluntarily assumes all these risks and dangers.
2. The undersigned further understands that when dealing with the horse, the participant is the primary control of the horse and agrees that *Pleasant Hill Farm, Inc.*, is not responsible for the results of the participant's actions or inactions. The participant also agrees not to abuse or deliberately aggravate the horse as these actions may result in an increase risk to the participant and others.
3. The participant has been advised to purchase and wear a helmet or hard hat while engaging in equine activities to avoid any horse related injuries.
4. The participant agrees to abide by all rules and regulations set for the equine activities established by *Pleasant Hill Farm, Inc.*, from time to time.

**Release from Liability; Waiver of Right to Sue**

The undersigned agrees that, except for any intentional injuries caused by *Pleasant Hill Farm, Inc.*, the participant waives his/her right to sue *Pleasant Hill Farm, Inc.*, in any way, including its owner, directors, agents, managers, instructors and employees, whether paid or volunteer, in an account of any personal injury, death, or property damage suffered or sustained in connection with the participants engaging in equine activities sponsored by *Pleasant Hill Farm, Inc.*.

The agreements, releases and waiver set forth in the preceding paragraph shall also apply to and protect Sharon Oaks Stables (lessors of the premises of *Pleasant Hill Farm, Inc.*) Danielle and Doug Jones, and its owners, directors, agents, and employees, whether paid or volunteer, Craig and Sheryl Fielding of 3600 Walker Road, Hillsborough 27278 and also Rebecca Freshwater of 1818 New Sharon Church Road, Hillsborough, NC 27278.

**Signatures**

**The undersigned has read and fully understands the foregoing disclosure, agreements and release and agree to its terms.**

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

\_\_\_\_\_  
Birth Date of Participant

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Participant's name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent or Legal Guardian name (print)

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Previous Riding Experience

\_\_\_\_\_  
Parent or Legal Guardian Signature

THE PARTICIPANT IS COVERED BY ACCIDENT-MEDICAL INSURANCE AND WILL REMAIN SO INSURED FOR THE DURATION OF THE PARTICIPATION IN EQUINE ACTIVITIES AT THE FARM.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

**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 STATUES.**