

Oak Hill Farm
Therapeutic Riding 
by Brenda Malcolm
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ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY

The recipient(s) of this form is/are hereby warned as follows:

WARNING:

Under Indiana law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding at Oak Hill Farms.

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 such risks, including loss of control of the horse, collisions and obstacles, whether said obstacles are obvious or not obvious. I and/or my family understand that an animal irrespective of its training and usual past behavior and characteristics may act 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, cliffs and other hazardous surface or subsurface conditions and obstacles whether they are obvious or not obvious, man-made or natural.

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.

It is understood that individuals suffering from certain medical conditions should not ride horses. Oak Hill Farms is not liable for any such medical information that has not been made available to it and the undersigned, by their signature is acknowledging and asserting that the rider names herein has no medical limitation or condition which would prevent them from safely riding on horseback.

As consideration for being permitted by Oak Hill Farms to engage in the activity of horseback riding, I do hereby waive any claim and release Oak Hill Farms and all of their owners, officers, members, affiliated organizations, land owners, agents, volunteers and /or employees fir any injury or death cause by or resulting from my participation in the activity of horseback riding,

This contract shall be legally binding upon me, my heirs, my estate, my 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 my 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
