

**LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT**  
(For Families of Adults and Their Legal Minor Age Children and / or Legal Wards)

**Valley Trotters Youth Ranch**

STABLE / OPERATOR NAME, hereinafter known as "THIS STABLE"

**Mile Five at Bentsen Rd. McAllen, TX.**

Location or Address of THIS STABLE

**READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING**

**A. REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in horse rental services and / or equestrian services and / or guide and outfitter services provided by THIS STABLE.

<b>1<sup>st</sup> Adult Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
8. <b>MEDICAL INSURANCE I / WE AGREE THAT:</b> Should medical treatment be required, I and / or my medical insurance <b>shall pay</b> for <b>ALL</b> such incurred expenses. ➔ My medical insurance company is _____ My policy number is _____ <input type="checkbox"/> I do not carry medical insurance.			
<b>2<sup>nd</sup> Adult Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
<b>1<sup>st</sup> Minor Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
<b>2<sup>nd</sup> Minor Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
<b>3<sup>rd</sup> Minor Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
<b>4<sup>th</sup> Minor Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			
<b>5<sup>th</sup> Minor Participant Name</b> (please print)	<b>Age</b> (if under 18-yrs.)	<b>Weight over 240#</b> (check one)	<b>Horse Riding Experience</b> (check one)
1.	2. <b>Age:</b> 3. <b>Date of Birth:</b>	4. ( ) <b>Yes</b> ( ) <b>No</b>	5. ( ) <b>Beginner</b> (under 10 hours) ( ) <b>Over 10 Hours</b>
6. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? <b>YES NO</b> (circle one)			
7. If you circled "YES", how can we help this participant with his / her special needs?			

WRITE INITIALS BELOW  
AFTER READING EACH  
SECTION. PARENTS  
OR GUARDIANS MUST  
ALSO INITIAL.

## LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT

**B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered participant, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive instruction or guidance from its associates and / or when I ride and / or am near horses on or off of THIS STABLE'S property. Any disputes by the participant shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.

**C. INHERENT RISKS / ASSUMPTION OF RISKS I ACKNOWLEDGE THAT:** Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding is an activity in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. **I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.**

**D. WILDERNESS EXPERIENCE PARTICIPATION, CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES I / WE ACKNOWLEDGE THAT:** The participant may be taking part in a "WILDERNESS EXPERIENCE" that may be hazardous to people. **I / WE ACKNOWLEDGE THAT** The meaning of "WILDERNESS EXPERIENCE" is defined as the pursuit of activity in a natural and / or wild and / or rugged and / or uncultivated area or region, as of forest and / or hills and / or mountains and / or plains and / or wetlands, which would likely be uninhabited by people and inhabited by wild animals of many types and species to include, but not limited to, mammals, reptiles, and insects, which are not tame, may be savage and unpredictable in nature and also wandering at their will. **I / WE ACKNOWLEDGE THAT:** THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. **I am not relying on THIS STABLE to list all possible conditions for me. The participant and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this participant's intended purpose, usage and presence upon THIS STABLE'S premises.**

**E. CARRY-ON OBJECTS WARNING AND SHARP, LOUD NOISES WARNING I / WE ACKNOWLEDGE THAT:** When approaching, mounting and riding horses, I must not carry loose items that may fall or blow away or flap in the wind or bounce or make sharp or loud noises, the action of which may scare horses causing them to react in unsafe ways. **SOME EXAMPLES ARE:** Cameras, cell phones, hats not securely fastened under chin, toys, purses. When near or riding a horse, participants must not make sharp or loud noises, such as whistling or screaming or yelling, the sound of which may scare horses causing them to react in unsafe ways.

**F. SADDLE GIRTH LOOSENING WARNING I / WE ACKNOWLEDGE THAT:** Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

**G. PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING: I / WE AGREE THAT:** I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling, and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. **I / WE ACKNOWLEDGE THAT:** THIS STABLE has offered me, and my child and / or legal ward if applicable, protective headgear / helmet that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. **I / WE ACKNOWLEDGE THAT:** Protective headgear / helmet provided by THIS STABLE may not be of perfect fit for the participant's head, and that once provided I / WE will be responsible for securing the headgear / helmet on the participant's head at all times. **I am not relying on THIS STABLE and / or its associates to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

### H. PROTECTIVE HEADGEAR / HELMET POLICY

#### THIS STABLE'S PROTECTIVE HEADGEAR / HELMET POLICY:

**I understand and agree that THIS STABLE requires that all riders must wear ASTM Standard F 1163 Protective Headgear / Helmets.**

**I. LIABILITY RELEASE I AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

**J. EQUINE ACTIVITY LIABILITY ACT [EALA] WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, RI, SC, SD, TX, TN, UT, VA, VT, WV, and WI.] I acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein.

**INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.**

- Texas Farm Animal Limitation of Liability Act -

"WARNING".... UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

**LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT**

**K. PHOTO RELEASE:** I hereby grant to Stable the unrestricted and absolute, perpetual, worldwide right to reproduce, exhibit, display, perform, transmit, broadcast, distribute, modify, create derivatives, and otherwise use the photograph(s) of myself and any minor(s) identified below (the "photograph(s)") for any purpose whatsoever ("Grant"). I acknowledge that the purposes for which the photograph(s) may be used include, without limitation, Stable publications, videos, books, and newsletters. I agree that this Grant includes, without limitation, the right to use the photograph(s) – or any part of it – in combination with, or as a composite of, other matter, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature, in any media embodiment, now known or hereafter developed, including, without limitation, print, film, videotape, DVD, broadcast, digital transmission and electronic/online media. I acknowledge that this Grant includes the right to use the name of the minor(s) identified below, whether in original or modified form, or a fictitious name, in connection with the photograph(s). I hereby voluntarily release and forever discharge –on my behalf and on behalf of the minor(s) identified below – Stable from any and all claims, demands, or causes of action for libel, defamation, invasion of privacy or right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any utilization of the photograph(s) or the name of the minor(s) identified below. Such claims, demands, and causes of actions include, without limitation, inadvertent errors, such as blurring, distortion, or alteration, or based upon any decision not to make use of the photograph(s). I understand that Stable and its licenses and assigns are relying on my consent to use the photograph(s) with respect to the promotion of various services or products. I acknowledge that neither myself nor any minor(s) identified below shall receive compensation with respect to any matter referred to in this Photo Release. All images–electronic or non-electronic negatives, positives, and prints–are owned by Stable. Stable is free to assign and license any and all of the rights granted in this Photo Release. I acknowledge that in no event will I have the right to enjoin the distribution nor exploitation of the photograph(s). I hereby relinquish any right that I may have to examine or approve the completed product(s) or advertising copy or printed matter that maybe used by Stable or its licensees or assigns.

**Parents or Legal Guardians and each Participant must sign below  
after reading and completing this entire document.**

**SIGNER STATEMENT OF AWARENESS**

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I / WE AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICAN.

\_\_\_\_\_  
SIGNATURE PARENT OR GUARDIAN #1 (Spouses must sign for themselves.)      \_\_\_\_\_ DATE ( ) \_\_\_\_\_ CELL #      \_\_\_\_\_ EMAIL

\_\_\_\_\_  
SIGNATURE PARENT OR GUARDIAN #2 (Spouses must sign for themselves.)      \_\_\_\_\_ DATE ( ) \_\_\_\_\_ CELL #      \_\_\_\_\_ EMAIL

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT 1      \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT 2      \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT 3      \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT 4      \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT 5      \_\_\_\_\_ DATE



**Parent / Participant Household Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Person to Contact in Case of Emergency**      \_\_\_\_\_ Relationship to Participant(s)      ( ) \_\_\_\_\_ Cell #