

GROUP PRIVATE: Hour – ½ Hour PARTY SCOUTS CAMP

Start Date: _____ **Class Day:** _____ **Class Time:** _____

PERMISSION TO PARTICIPATE IN LILAC THYME STABLES ACTIVITIES
DISCLOURE AND RELEASE OF CLAIMS

Rider Name(Print) _____ Age: _____

Address _____ Phone _____

City _____ Zip _____ Cell/Alt. contact: _____

Signed (Rider and/or Parent): _____ **Date:** _____

E-MAIL ADDRESS _____

MEDICAL CONDITIONS/MEDICATIONS: _____

I, (rider) _____, have chosen to participate in riding lessons and all other related horse activities including but not limited to shows, camps, clinics, trail rides and exhibitions with Lilac Thyme Stables, LLC and Cynthia Musto as its member. I understand that this participation will involve contact with horses and may give rise to a risk of physical injury.

I am aware that:

- A. Horses have a tendency to behave in ways which may result in injury, death, or loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movement, unfamiliar objects, persons or other animals;
- C. Riding a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these riding activities occur;
- D. While in the vicinity of a horse or while riding a horse, I may be involved in a collision with another horse, animal, person or object;
- E. Other participants in the program may act in a negligent manner, fail to maintain control over a horse, or fail to act within their abilities, thus causing harm to me or other participants.
- F. Saddles, bridles or other equipment may loosen or break resulting in injury.
- G. Student needs to **wear appropriate clothing and footwear** during activities.
- H. Students, family and friends need to **behave in a safe manner around the barn.**

In consideration for the opportunity to participate in lessons, shows, and any other related activities with Lilac Thyme Stables and the use of services and facilities made available through Lilac Thyme Stables, **I do release and forever discharge for myself and my heirs, executors, administrators, and assigns, Lilac Thyme Stables LLC, Cynthia Musto, volunteers and staff, from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity or program.**

I understand that I (or my child) is not required to participate in any horse activity, but grant permission for myself (or my child) to do so, despite the possible risks. I recognize that by participation in these activities, as with any physical activity, I (or my child) may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expense. I assume the risk for myself, and other family members and friends present at these horse activities.

Under Ohio law, section 2305.40 of the Revised Code, and equine activity sponsor, professional, volunteer, participant or other person is not liable for and injury to or the death of a participant in the equine activities resulting from the inherent risks of equine activities.