Horseback Riding Liability Waiver

In consideration of being permitted to participate in horseback riding and related activities (the "Activities") at **Rock Cut State Park**, I hereby release, waive, discharge and covenant not to sue **Valley Trail Riders, Inc.,** its owners, operators, instructors, agents and employees (the "Released Parties") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the Activities, whether caused by the negligence of the Released Parties or otherwise.

I understand that horseback riding and related activities involve inherent risks, including the risk of serious injury or death, and I voluntarily assume these risks. I represent that I am physically and mentally capable of participating in the Activities and that I have no medical condition that would prevent me from participating or would increase my risk of injury while participating.

I understand that the Released Parties are not responsible for any lost or stolen personal property.

I acknowledge that this release and waiver is binding upon me, my heirs, executors, administrators and assigns.

I have read this release and waiver of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

———————————————————————————————————————————

If under the age of 18 please fill out the following

Rider Name Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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