

PHEASANT VIEW FARM Release Form

RIDER NAME:_____

ADDRESS:_____

HORSE NAME:_____

Please list any physical/medical issues about you or you horse we should know (e.g., medication allergies, limitations, etc.) _____

Emergency contact name and phone _____

I AGREE in consideration for my participation in activities at Pheasant View Farm to the following:

1) I have read and understood the following Wisconsin statute related to horse activities:

WISCONSIN NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statute grooming or riding as a passenger upon the equine.

2) I represent that I have the requisite training, coaching and abilities to safely participate in these activities.

3) I AGREE that I choose to participate voluntarily in the Pheasant View Farm Kate Phillips Dressage Clinic with my horse , as a rider, owner, lessee, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the activities at Pheasant View Farm involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

4) I AGREE to release Pheasant View Farm and Ginger (Jennifer) and Adam Cantor from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of Pheasant View Farm and Ginger (Jennifer) and Adam Cantor.

5) I AGREE to expressly assume all risks of Harm to my horse, or me including Harm resulting from the negligence of Pheasant View Farm and Ginger (Jennifer) and Adam Cantor.

6) I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Pheasant View Farm and Ginger (Jennifer) and Adam Cantor and to hold them harmless with respect to claims for Harm to my horse, or me and for claims made by others for any Harm caused by me or my horse at Pheasant View Farm.

7) If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and Agree to assume all of the obligations of this Release on the child's behalf.

8) ASTM/SEI helmets safely fastened are required when mounted. No jumping without appropriate hard hat and heeled shoes suitable for riding.

9) There is no smoking in or around the barns and there is absolutely no alcoholic drinking before riding.

10) No horse is allowed on the premises without a current negative 2019 Coggins.

BY SIGNING BELOW, I AGREE TO ALL OF THE ABOVE.

RIDER SIGNATURE AND DATE _____

(if under 18 yrs then signature of parent or legal guardian is required)