

**HORSES FOR A CHANGE, INC.**  
**CONTRACT TO ASSUME RISK & WAIVE LIABILITY**

I represent that I am an adult signing on my own behalf or on behalf of my minor child named \_\_\_\_\_, and that I wish to take riding and horsemanship instruction from Horses for a Change, Inc., at Frog Hollow Farm.

I understand that riding horses and working in the stable area has inherent dangers, and that I may be seriously injured, or even killed in a horse related accident. By way of illustration, a horse related accident includes being stepped on, kicked or otherwise struck by a hoof, bitten, or a fall from the horse.

Horses for a Change has represented to me that reasonable care will be used in the selection of horses for me to ride, and in supervising my riding lesson. I understand that Horses for a Change and its employees or agents cannot prevent accidents, and I do not expect them to do so. I have been specifically advised that I can expect a fall from a horse in the natural course of learning to ride. If at any time during a lesson I become fearful to the point that I wish to dismount, I will so advise my instructor.

I hereby specifically release, indemnify and hold Horses for a Change, Inc. and/or its employees, officers or agents harmless from liability for any claims that may arise out of my activities on the premises. I also specifically release, indemnify and hold Frog Hollow Farm and/or its employees, officers or agents harmless from liability for any claims that may arise out of my activities on the premises. In signing this contract, I am binding myself, my survivors, or any other person or entity seeking to assert a claim on my behalf or which arises from an accident occurring at Horses for a Change at Frog Hollow Farm, even if such accident results in permanent disability, injury or death.

I have read this contract, understand it completely, and execute it voluntarily with full knowledge of its consequences.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone numbers

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

If for minor child please provide birth date: \_\_\_\_\_

**WARNING: KNOW WHAT YOU ARE SIGNING**

This form will be used to prove that you understand fully the risk of horseback riding, and that you have made a free choice to ride at this facility. This form also restricts or eliminates your ability to file a lawsuit against Horses for a Change and/or Frog Hollow Farm and/or their employees, officers or agents, and farm owners, for injuries you may sustain while on the premises.