

## SUNRISE STABLES

E 401 Mason-Benson Rd  
Grapeview, WA 98546  
(360) 275-2960

### Horseback Riding Release of Liability and User Indemnity Agreement

**Please Initial Each Paragraph After Reading and Agreeing to Each Paragraph and Sign This Form Before Using This Facility in Any Manor.**

- \_\_\_\_\_ 1. I, \_\_\_\_\_ hereby acknowledge that I and/or my family have voluntarily registered to participate in an activity of horseback riding at Sunrise Stables located at E 401 Mason-Benson Rd.
- \_\_\_\_\_ 2. I fully understand that the activity of horseback riding or even being near a horse, involves numerous dangers and risks of injury to me and/or my family. I acknowledge that the assumption of all risks involved is my responsibility and I completely release Janean and Ray Dolezal and Sunrise Stables from all liability for any and all injuries caused by me and/or my families participation in the general activity of horseback riding.
- \_\_\_\_\_ 3. I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics; may act or react unpredictably based on instinct or fright. That even the most gentle horse, when provoked or frightened; may rear, buck, kick, run away, or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all risks involved and completely release Janean and Ray Dolezal and Sunrise Stables from all liability for any and all injuries to me and/or my family from the general activity of horseback riding.
- \_\_\_\_\_ 4. I fully understand that riding on any type of terrain can be dangerous to me and my horse and that this danger increases when riding a horse fast, such as at a canter or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, or fall, or otherwise be dangerous to me. I also fully understand that I may at any time, lose control of and/or fall off my horse, or have a collision or wreck. I fully assume the responsibility for all of these dangers and risks, and completely release Janean and Ray Dolezal and Sunrise Stables from all injuries to me and/or my family from the dangers and risks stated.
- \_\_\_\_\_ 5. I fully understand that my horse can be dangerous: that there are dangers from even being near a horse since a horse may kick, bite, stumble, step on me, and therefore cause me injury. I fully assume any and all of these risks of injury and completely release Janean and Ray Dolezal and Sunrise Stables from all liability.
- \_\_\_\_\_ 6. I fully understand that "Acts of God" can occur while on the trails, roads, easement roads, logging roads, driveways, other private lands or on the premises, including but not limited to falling trees and or pine cones, falling rocks, earthquakes, flash floods, washouts, wind, rain, lightening, thunder, snow, cold, heat, poisonous plants, wild and domestic animals, bees and other stinging or biting insects. I also fully understand that I may encounter variations of terrain and obstacles that are my responsibility to handle and assume these risks and release Janean and Ray Dolezal and Sunrise Stables from all liability.
- \_\_\_\_\_ 7. I fully understand the equipment worn by my horse such as the saddle, bridle, halter, lead line, stirrups, etc. can break or slip. I fully assume responsibility and release Janean and Ray Dolezal and Sunrise Stables from all liability.
- \_\_\_\_\_ 8. I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my and/or my families contact with horses and horseback riding. I completely release Janean and Ray Dolezal and Sunrise Stables from all liability for any and all injuries or death to me and/or my families from my/our contact with with horses or horseback riding.
- \_\_\_\_\_ 9. I fully understand that horse facilities, such as Sunrise Stables can be inherently dangerous places, including but not limited to being in contact with animals, horse stalls, stall doors, hallways, arenas, arena footing, hidden holes in the arena, arena fences, cross ties, protruding items, hay lofts, water, soil, animal waste, electric fences, gates pastures, farm vehicles, slick surfaces, etc. I have inspected to my full satisfaction the riding facility prior to using

it and agree that it is in satisfactory condition for my use. I fully assume the responsibility of all dangers and risks, and release Janean and Ray Dolezal and Sunrise Stables from all liability.

- \_\_\_\_\_ 10. As lawful consideration is being permitted by Janean and Ray Dolezal and Sunrise Stables for me and/or my family to participate in the general activity of horseback riding and all its associated activities. I do hereby release Janean and Ray Dolezal and Sunrise Stables from all legal liability and do agree not to sue, claim against, attach the property of or prosecute and I agree to defend, indemnify and hold harmless, for any injury or death caused by or resulting from my and/or my families participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause.
- \_\_\_\_\_ 11. This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives.
- \_\_\_\_\_ 12. I have carefully read this agreement and fully understand its contents, I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this release of liability and user indemnity agreement on behalf of myself and/or my family of my own free will.

**THIS IS A RELEASE OF LIABILITY; DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.**

**PARTICIPANTS UNDER 18 YEARS OF AGE REQUIRE THE SIGNATURE OF A PARENT OR GUARDIAN AND ARE REQUIRED TO WEAR HELMETS AND BOOTS OR SHOES WITH HEELS.**

Signature of adult participant, Parent or Guardian; \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ work phone \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Doctors name and phone number \_\_\_\_\_