

ROLLING HILLS FARM AND EQUINE, LLC

386 TAIGA LANE, CAPE GIRARDEAU, MISSOURI 63701

INSTRUCTOR: Kristin Welker

RELEASE AND HOLD HARMLESS AGREEMENT

UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.

Name: _____ D.O.B. _____

Address: _____
Mailing/Physical address _____ City _____ State _____ Zip Code _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____ Email address: _____

ACKNOWLEDGEMENT OF RISK

I, _____ acknowledge that there are additional risks associated with engaging in equine activities, including but not limited to my lack of capability to handle a horse, my inability to adequately respond to unanticipated horse mannerisms like "spooking". Reactions to environmental conditions from insects or other animal intervention, my inability to respond in emergency conditions, failure of tack associated with the horse, uneven terrain or pot holes, and the horse's negative reaction to my improper commands. I acknowledge all the risks associated with the activities I anticipate being involved in, and hereby release, indemnify, defend, and hold harmless, Rolling Hills Farm and Equine, LLC, and its employees, agents or owners, and the property owner, Felty Properties, LLC, under lease with Rolling Hills Farm and Equine, LLC, from and against all claims, damages, losses and expenses, including but not limited to attorney fees, resulting from any negligent act, misconduct, or omission on the part of Rolling Hills Farm and Equine, LLC, and Felty Properties, LLC, its employees, agents or contractors in the operation and maintenance of the Leased Premises and ownership of Property of which the Leased Premises are a part. I have received a copy of Rolling Hills Farm and Equine, LLC's Rules and will adhere to them strictly. This Agreement shall continue for each and every visit to the premises hereto without the necessity of executing a new Agreement each time. The terms of this Release Form shall be construed as the entire Agreement and may not be altered, amended, or modified except in writing and signed by both Parties. The laws of the State of Missouri shall govern the terms of this Release.

Grant of Permission

I/we, the Undersigned, (student/rider above named for, if minor, parents/guardians), hereby grant permission and authority to Rolling Hills Farm and Equine, LLC, its officers and authorized employees to act with us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant listed above, in the event of any perceived medical emergency. I hereby covenant and agree to release, indemnify and defend Rolling Hills Farm and Equine, LLC, its officers, agents and employees, and owners of any property concerned, and hold harmless from liability for any injury or damage, with the rider may sustain while at Rolling Hills Farm and Equine, LLC, and from any liability connected with obtaining prompt medical attention for the rider named above.

Date: _____ Signed: _____

Participant/ Parent/ Legal Guardian

Print Name: _____ Parent or guardian must read and sign for participant under 21 years of age.

Please complete this form for any and all individuals who will be visiting the farm as your guest(s).

Participant Name	Age	Birth date
Address	City/State	Zip Code
Email Address:	Telephone:	
Legal Guardian printed (if participant is under 21)		
Signature & Date		
Participant Name	Age	Birth date
Address	City/State	Zip Code
Email Address:	Telephone:	
Legal Guardian printed (if participant is under 21)		
Signature & Date		
Participant Name	Age	Birth date
Address	City/State	Zip Code
Email Address:	Telephone:	
Legal Guardian printed (if participant is under 21)		
Signature & Date		
Participant Name	Age	Birth date
Address	City/State	Zip Code
Email Address:	Telephone:	
Legal Guardian printed (if participant is under 21)		
Signature & Date		
Participant Name	Age	Birth date
Address	City/State	Zip Code
Email Address:	Telephone:	
Legal Guardian printed (if participant is under 21)		
Signature & Date		