

**Summer Riding School 2022**

Weekly: Tuesday – Friday: 9 am – 2 pm

For Children Ages 5 and up

Includes:

Daily Riding Lesson\*\*Grooming – Bathing – Tacking\*\*Horsemanship\*\*Daily Activities

**REQUIRED FOR SUMMER RIDING SCHOOL**

A release form must be signed prior to starting camp.

A Certified ASTM Helmet, a pair of Paddock Boots or boot above the ankle and gloves.

Lunch and a water bottle should be brought and money for the ice cream truck!

\$475.00 per week:

*Please send a completed form with a 50%deposit to reserve the weeks you would like your child to attend*

**Deposits are non-refundable** (but can be used towards lessons if unable to attend), NO EXCEPTIONS!

Week 1: June 28 _____	Week 5: July 26 _____	Week 9: August 23 _____
Week 2: July 05 _____	Week 6: August 2 _____	Week 10: August 30 _____
Week 3: July 12 _____	Week 7: August 9 _____	
Week 4: July 19 _____	Week 8: August 16 _____	

ChildsName: \_\_\_\_\_

Level of Riding: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Emergency Contact Information:

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

1st Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Cell \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Deposit & Date: \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

***\*Family Owned and Operated Since 1928\****

**Kentucky Riding Stables, Inc.**  
**WAIVER AND RELEASE OF LIABILITY,**  
**ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

A. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any horseback riding involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of staff and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

B. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating at Kentucky Riding Stables, Inc., or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation at Kentucky Riding Stables, Inc. I also agree to be responsible for any injury or damage caused by me, my horse under my direction and control.

C. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation at Kentucky Riding Stables, Inc., I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: Employees of Kentucky Riding Stables, Inc., other participants, staff, volunteers or spectators; with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation at Kentucky Riding Stables, Inc., including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

D. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation at Kentucky Riding Stables, Inc., If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

RIDER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN (IF A MINOR): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

# Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kentucky Riding Stables, Inc. ("the Stable") has put in place preventative measures to reduce the spread of COVID-19; however, the Stable cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Stable and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Stable may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Stable employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Stable or participation in Stable programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Stable, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Stable, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Stable program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Stable Participant(s)