



Little Neshannock Farm

1145 Fayette - NW Road • New Wilmington, PA 16142 • 724-946-2399

Assumption of Risk & General Liability Release

Horsemanship is a fun and rewarding activity, one that provides an opportunity to build a unique relationship between people and horses. However this activity is not without inherent risks.

**** PLEASE READ CAREFULLY BEFORE SIGNING ****

Horse-related activities should be regarded as dangerous activities. Serious personal bodily injury and/or death can and has occurred from horse-related accidents, incidents, or injuries. Horses are unpredictable animals, and any horse-related activity such as, but not limited to, riding, grooming, training, walking, breeding, or showing could result in serious bodily injury and or death, or emotional trauma.

Dangers of horse-related activities include, BUT ARE NOT LIMITED TO: being thrown from a horse, being kicked, FALLING OFF THE HORSE, bitten, trampled, rolled on, or otherwise damaged bodily by a horse. Other dangers may include, but not be limited to, such things as being attacked by other horses, being bitten by other animals, enduring a run-away horse, being forcibly removed from a horses back by the horse going under a low branch or other obstacle, having a horse pass very close to a tree or similar obstacle causing injury, having a saddle become loose, causing the rider to slide under the horse and become entangled in a horses legs and be trampled or kicked, and other incidents.

In the case where the person referred to in this document is a minor child, his or her parent or legal guardian by signing this document is assuming the responsibility for any accidents or injuries that might occur, and agrees to all of the provisions or statements contained in this document.

Thomas & Mary McKinley dba Little Neshannock Farm and its representatives will use their best judgment in all areas relating to the described horse-related activities; however because of the unpredictable nature of these activities WILL NOT ASSUME LIABILITY FOR ANY ACCIDENT OR INCIDENT OCCURRING ON OR ABOUT THE PREMISES OR DURING A HORSE-RELATED ACTIVITY.

I have been advised by Thomas & Mary McKinley dba Little Neshannock Stables that I should purchase and wear properly fitted and secured ASTM/SEI certified protective headgear in order to possibly limit serious injury from occurring as a result of a fall or other occurrences.

I understand that if I choose to use an ASTM/SEI certified safety helmet that is available at Little Neshannock Farm, the stable is not responsible for selecting the helmet and makes no warranties, representations, or assurances as to the suitability of the helmet size and the appropriateness of the fit. I will be responsible for my own helmet selection and fit and agree to release Thomas & Mary McKinley dba Little Neshannock Farm and hold them harmless from any consequences (personal injury or property damage) of my helmet selection and/or use.

By my signature below, I certify that I understand that riding or being near horses, involves some inherent risk of accident or incident, and that all horses, by their nature, may at times behave in an unpredictable manner.

Permission To Use Pictures. I hereby ___ Do ___Do Not give Thomas & Mary McKinley dba Little Neshannock Farm the right and permission to publish, copyright and use pictures and or videos of me in which I may be included in whole or in part, composite or retouched in character or form, in conjunction with demonstration, educational, and/or advertising activities.

In consideration of being provided with the opportunity to keep (board), train, ride, and/or otherwise work with horses and/or receive riding instruction on the Little Neshannock Stable premises or at any other location except if caused by the gross negligence or willful and wanton misconduct of said stable,

I,(person signing waiver – print name) _____, my heirs, assigns and legal representatives voluntarily agree to assume all responsibility for risk and to Thomas & Mary McKinley dba Little Neshannock Farm (LNS), the barn owners, any animal owners, and/or its employees or agents from any and all causes of action or claims for damages, whether known or unknown to me at this time, and to indemnify them and hold them harmless for any injury to person or property which may occur on their premises or at any other location.

Medical Authorization:

I Hereby authorize LNF to give emergency medical care and determine the need for emergency or physicians service. I understand that every attempt will be made to contact me before treatment is rendered.

Accident Insurance:

I Recognize that LNF carries coordinated accident Insurance, which is secondary to my personal Insurance, and It Is my responsibility to submit all medical billings to my personal Insurance company for payment.

Insurance Company _____

Policy Number: _____

I acknowledge that I have read this entire document, fully understand its contents and I am signing this document of my free act and deed.

PLEASE PRINT CLEARLY:

_____/_____/_____
Rider's Name Birthdate Parent or guardians name of minor Rider
(if minor)

_____/_____
Today's Date Signature of Rider (or signature of Parent if Rider is a minor)

_____/_____
Rider's Approximate Height & Weight

Address (please print)

Telephone Email Address

In case of Emergency we should contact & phone number(s): _____

Medical Conditions/Allergies that we should be aware of: _____

Is there anything else we should know that might affect the rider's ability to be a student in a group setting?

Office Use Only

<input type="checkbox"/> Camp	<input type="checkbox"/> PE Class	LNS+ representative: _____ Date _____
<input type="checkbox"/> Clinic	<input type="checkbox"/> Staff	
<input type="checkbox"/> Lessons	<input type="checkbox"/> WCET	