Hoofbeats Therapeutic Riding Center, Inc.
At the Virginia Horse Center
P.O. Box 979, Lexington, VA 24450
Ph: 540 464-3337 e-mail: hoofbeats@rockbridge.net
Website: www.hoof-beats.com

North American Riding for the Handicapped Association, Inc.
A Premier Accredited Member Operating Center

HOOFBEATS THERAPEUTIC RIDING CENTER, INC. WAIVER AND NOTICE

____Student ____Volunteer ____Staff ____Board Member

I choose to participate in equestrian activities with Hoofbeats Therapeutic Riding Center, Inc., located at the Virginia Horse Center in Lexington, Virginia. And in order to do so, I agree to the following waiver of liability:

I recognize that there are risks inherent in participating in any equine activity, including: 1) the propensity of an equine to behave in dangerous ways which may result in injury or death of the participant; 2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and 3) certain hazards such as surface or subsurface conditions.

The undersigned, on behalf of himself/herself (hereinafter himself) and all members of his immediate family and household, and his and their heirs, executors, administrators as assigns, (collectively, the "PARTICIPANT") does hereby forever release and discharge HOOFBEATS THERAPEUTIC RIDING CENTER, INC. and its members thereof, of any and all claims, demands, causes of reaction and liability of any nature, which may arise from or in connection with my participation in equestrian activities at HOOFBEATS THERAPEUTIC RIDING CENTER, INC.

The PARTICIPANT hereby agrees to waive and not to assert or bring action at law or in equity or otherwise any claim, demand, cause of action, or liability against HOOFBEATS THERAPEUTIC RIDING CENTER, INC. or its members.

Signature:_____
(Must be 18 years of age or older, or parent/guardian must sign)

Print name as shown above:_____

Child's name (if applicable):_____

Date:_____

Address:_____
Street State Zip

Phone Number:_____ E-mail:_____