**WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**PLEASE READ CAREFULLY**

**WARNING: BY SIGNING THIS AGREEMENT YOU GIVE UP THE RIGHT TO SUE FOR ANY**

**INJURY OR DAMAGES HOWSOEVER CAUSED**

To: **Alpine Stables Ltd.,** (hereinafter referred to collectively as “The Company”) and employees, representatives, officers and agents (hereinafter referred to as “The Company Employees”).

I hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns, (please print)

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Names of any minors or children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree as a precondition to my participation in trail rides and related activities organized by “The Company” and conducted by “The Company” and/or “The Company” Employees, and in further consideration of “The Company” allowing me to do so, to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to as “This Agreement”).
2. I acknowledge that horses, trail rides and related activities involve **INHERENT RISKS** that may cause serious injury and possibly death to participants. I further recognize that backcountry trails and related activities involve **ADDITIONAL RISKS AND DANGERS.**
3. I fully understand the risks and dangers associated with my participation in this activity and **ACCEPT THE SAME ENITRELY AT MY OWN RISK.**
4. I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against “The Company” and “The Company Employees” and **RELEASE “THE COMPANY AND EMPLOYEES”** from **ALL LIABILITY** for injury, death, property damage or any other loss sustained by me as a result of my participation in this activity, **DUE TO ANY CAUSE WHATSOEVER** including, without limitation, negligence on the part of “The Company” or “The Company Employees”.
5. I appreciate that This Agreement applies whether “The Company” is at fault or not and it limits the liability of “The Company Employees” to the same extent as it limits the liability of “The Company” even though “The Company Employees” are not formal parties to This Agreement. I understand that “The Company”, in securing execution of This Agreement by myself, is acting as agent or trustee on behalf of or for the benefit of “The Company Employees”, who shall to this extent be or be deemed to be parties to This Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT IS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” OR “THE COMPANY EMPLOYEES” AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE (of Participant /Parent/ Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only)

Time of Ride:

Type of Ride: