



# SPOTTED HORSE RECREATION, INC.



**Notice:** Under the "Equine Liability Bill" Ohio State Law, an Equine activity owner/operator is not liable for an injury to or a death of a participant in equine activities resulting from the **inherent risk** of equine activities pursuant to Ohio State Code.

## Horse Lease Agreement Release Of Liability, & Acknowledgment Of Risk

This horse agreement and release of liability is made between the undersigned & **Spotted Horse Recreation, Inc.**, 17325 Deffenbaugh Rd., Laurelville, Ohio 43135.

In consideration of the rates charge, the horse leased, and the fact that horseback riding is a non-essential activity, I, \_\_\_\_\_ agree to the following

**PARENT'S NAME** (Print Name Clearly)

\* I fully understand that horseback riding is an active sport requiring basic skills and that both the experienced and occasional rider take on a risk of accident and injury every time he or she approaches, mounts, or rides a horse. I know that horse related accidents can result in broken bones, disfigurement, disability and death. I have been advised and understand the nature of the risk is that it cannot be insured except at excessive cost by anyone other than the rider.

\* **Spotted Horse Recreation, Inc does not carry liability insurances** to cover riding accidents.

\* I understand and agree that I will **assume every risk of injury** - including death - and I promise and agree to fully **release Spotted Horse Recreation, Inc.** and its Agents, Directors, Servants and Employees from any other cause.

\* I further agree to assume all risk of loss or damage, of whatever kind, nature or description, to my person or property or to the person or property of another of any kind or nature, as a result of and arising out of my participation in the activities offered by **Spotted Horse Recreation Inc.** or of defective appliances, machinery or other kind of property of **Spotted Horse Recreation, Inc.**

Should **Spotted Horse Recreation, Inc.** or anyone on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs

\* I agree that I will **not run, misuse, abuse, or let another person** on the horse leased to me upon penalty of **forfeiture of my ride** and payment of all willfully caused damages.

\* Having read, understood and being in full agreement with all statements in this contract, I agree that this contract is a **full agreement and complete release of liability** that will be binding on me, my heirs, executors, administrators and assigns.

\* I further agree to indemnify you for any loss, damage, claims, actions or causes or action whatsoever.

\* I acknowledge receipt of a copy of this lease agreement.

Parents  
Info

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver's Lic.#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ I Consider Myself A:  Beginner  Good  Experienced Rider

Minors

I Am Qualified As A Parent Or Guardian Of The Following Minors:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ I Consider Myself A:  Beginner  Good  Experienced Rider

Name: \_\_\_\_\_ Age: \_\_\_\_\_ I Consider Myself A:  Beginner  Good  Experienced Rider

Name: \_\_\_\_\_ Age: \_\_\_\_\_ I Consider Myself A:  Beginner  Good  Experienced Rider

Name: \_\_\_\_\_ Age: \_\_\_\_\_ I Consider Myself A:  Beginner  Good  Experienced Rider

and hereby request that he/she or they be leased horses. I accept all responsibilities and liabilities related to his/her or their use of each horse in accordance with the conditions stated above

Spotted Horse Recreation, Inc. requires riding helmets.  Equipment Supplied  Equipment Denied.

Parents  
Signature

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Sign Again If Requesting Children To Ride)