

APPLICATION, ASSUMPTION OF RISK AND GENERAL RELEASE

Circle the activity you are interested in: Trail Ride Pony Ride Other _____

Name: _____ DOB: _____ Phone: () _____

Height: _____ Weight: _____

Cell Phone: () _____ Email _____

Address _____
Street

City State Zip

Do you have prior Riding Experience: Yes () No () If yes, please provide summary of experience: _____

Riding Level: Beginner () Intermediate () Advanced () Jumping ()

ASSUMPTION OF RISK AND RELEASE

In consideration of the equine services being provided by Guest Services, Inc., its officers, trustees, agents and employees, (hereinafter collectively referred to as "Guest Services"), I agree as follows:

Although Guest Services has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy equine-related recreation. I understand that this activity has risks. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.

We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. Before proceeding, we ask that you acknowledge that there are various risks involved in horseback riding, and you assume responsibility for these risks. The following describes some, but not all, of those risks:

- Horses may lose foothold (slipping)
- Horses may react to animals such as dogs or deer
- Horses may kick and/or bite
- Horses can buck
- Horses can step on peoples' feet
- Horses are large animals which can exhibit unpredictable behavior

I am aware that horseback riding entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and for those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I understand are prerequisites to participate in this activity:

- Riders must be 3 years of age or older
- Riders must wear appropriate footwear (hard-soled boot or shoe with a small heel).
- Riders must wear long pants
- Riders must wear a ASTM/SEI Certified riding helmet at all times when mounted.

APPLICATION, ASSUMPTION OF RISK AND GENERAL RELEASE (continued from front)

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers of participating in this activity.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including any minors accompanying me.

Therefore, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I waive and release forever all claims for damages against the Rock Creek Park Horse Center, Guest Services, and the National Park Service for any and all injuries, death and/or other losses which may be sustained by me while participating in the program as described above. I further understand that the Rock Creek Park Horse Center reserves the right to refuse to accept any person it judges to be incapable of participating in the activities, or inappropriate for the program.

Rider's Signature _____ Date: _____

If Rider is under 18, signature of a parent or guardian is also required below.

Parent/Guardian Signature: _____ Date: _____

We seek to provide you a fun and safe horseback riding experience. Please help us achieve that goal by listing below any physical or mental conditions which could effect your ability to ride horses:

Are there any accommodations you would like us to provide? Yes () No () If yes, please describe those accommodations which would enable you to ride with us.

Sign: _____ Date: _____

In Case of Emergency contact: Name: _____ Phone: _____