

Striking Gold Stables Rider/Volunteer Release of Liability

I, _____, am engaging in horseback riding and associated activities at Striking Gold Stables, located at 119 Muhlenbrink Road, Colts Neck, NJ 07722, under the supervision of Striking Gold Stables LLC. I recognize that horseback riding and contact with horses are inherently dangerous activities. I further understand that horses are unpredictable by nature and that I could be injured during the course of horseback riding and/or having contact with a horse or horses. I hereby assume all risk of injury and the dangers associated with horseback riding and contact with horses. I hereby fully release and hold harmless Striking Gold Stables LLC, Lauren Loshiavo, along with all employees, horse owners, the farm owner, agents, board members, trustees, successors, volunteers, and assigns from any and all injuries or losses sustained by me as the result of my engaging in the horseback riding activities and other activities associated with such horseback riding activities. I understand that I must wear an approved riding helmet at all times on the horse. I further understand and acknowledge that I assume all risk of injury related directly or indirectly to failure to wear approved head gear and other appropriate protection as suggested. I agree to conduct myself in a safe manner at all times during, before and after the ride. I also understand that I cannot hold Striking Gold Stables LLC, Lauren Loshiavo, farm owners or any other employees/volunteers responsible for any injuries sustained while at other farms and/ or competitions.

I have read and understand without question, this agreement and release of liability contract before having signed below.

Signature: _____ Date: _____

(Parent or guardian if named individual is under the age of 18)

Print Name: _____

Address: _____

City, State, and ZIP: _____

Emergency Contact: _____ Telephone number: _____

Relationship to rider: _____ Email: _____

Witness Signature: _____ Date: _____

Witness Name Printed: _____ Witness Title: _____