

Bregman Pleasure Horses  
1056 Julius Tucker Road  
Pinnacle, NC 27043

Riding Liability Release Form

Rider Name \_\_\_\_\_

Age: (If Under 21) \_\_\_\_\_

**Previous Horse Riding Experience:**

(Check which one applies) \_\_\_\_\_ Beginner\_(Under 10 Hours) \_\_\_\_\_ Over 10 Hours\_\_\_\_\_

**\*\*\*Warning\*\*\***

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury or to the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99e of the North Carolina General Statutes.

I agree and understand that all riding engaged in while under the guidance of Bregman Pleasure Horses is solely at my own risk, and that Bregman Pleasure Horses is not liable for any injury which may occur to me on or off it's premises, whether bodily injury or otherwise. I further agree to release Bregman Pleasure Horses, it's agents and employees, from any and all liability for any injuries I may sustain while riding, and agree to indemnify and hold Bregman Pleasure Horses harmless as to all claims, actions, damages, costs and expenses, including attorney's fees, arising there from. The aforesaid release and limitation of liability includes, without limitation, any obligations of Bregman Pleasure Horses with respect to consequential damages and negligent behavior of any of it employees.

Rider Responsibility - Upon mounting a horse and taking up the reins the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The RIDER shall be responsible for his/her own safety.

Protective Headgear - I have been fully warned and advised by Bregman Pleasure Horses that the Rider should wear protective headgear (riding helmet) provided by Bregman Pleasure Horses, and that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries and even prevent death from happening as the result of a fall or other incurrence.

Accident/Medical Insurance - Should medical treatment be required, I and/or my own accident/ medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.

**SIGNER STATEMENT OF AWARENESS**

I/we the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk, I/we further attest that all facts relating to the Rider's experience, and age are true and accurate.

\_\_\_\_\_  
Signature of Rider (Spouses must sign from themselves)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of a Parent or Legal Guardian if Rider is a minor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number