

**EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

Name:

---

Address:

---

Telephone:

---

I hereby enter into this agreement in consideration of my ability and permission to ride or use any horse owned by White Pass Outfitters whose address is 371 Buffalo Rd Selah, WA 98942.

**IMPORTANT NOTICE**

**BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT WHITE PASS OUTFITTERS, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR WHITE PASS OUTFITTERS.**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- **Bites, kicks, abrasions or contusions from horses.**
- **Being thrown or bucked off by horses.**
- **Scratches or other injury from stalls or enclosures.**
- **Scratches or other injury from grooming tools and other equine equipment and tack.**
- **Allergic reactions to animals, hay, or other allergens.**
- **Tripping in holes or on materials or equipment.**
- **Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.**

(Initial) \_\_\_\_\_

I hereby specifically forever waive and release White Pass Outfitters and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of White Pass Outfitters, its principals and agents.

(Initial) \_\_\_\_\_

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at White Pass Outfitters, there will not be a nurse on the premises and White Pass Outfitters and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless White Pass Outfitters and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at White Pass Outfitters or any acts of omissions of White Pass Outfitters principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at White Pass Outfitters, without restriction, without liability to White Pass Outfitters, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) \_\_\_\_\_

If I am present at and participate in the activities of White Pass Outfitters, I do so at my own risk, and I hereby acknowledge and agree that White Pass Outfitters and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at White Pass Outfitters.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_