

Disclosure and Release of Claims:

I understand that participation in equine activities at The Ohio State University Equine Facility will involve contact with trained and untrained horses and may give rise to risk of personal injury.

I am aware that:

- A. Horses have the propensity to behave in ways which may result in injury, death, loss to riders, or others persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movement, unfamiliar objects, or other animals;
- C. Riding a horse may give rise to risk of injury from hazards arising from the surface or subsurface of the ground on which the riding activity occurs;
- D. While riding a horse, I may be involved in a collision with another horse, another animal, a person, or object;
- E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- F. Other participants in the program may act in a negligent manner which otherwise may result in harm to me.

I agree to observe all safety procedures set forth by the Horse Center staff, and I will wear appropriate footwear when I am participating in equine activities.

In consideration for the opportunity to participate in these equine activities and the use of services and facilities made available by The Ohio State University and its employees, I do release and forever discharge for myself and me heirs, executors, administrators, and assigns, The Ohio State University, and its trustees, officers, employees, and agents from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or b n any way related to my participation in this activity.

Date

Participant (print name)

Participant Signature

Guardian (print name)

Guardian/Participant Signature