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501 c 3 non profit

**RIDER/PARENT/GUARDIAN/CUSTODIAN
RELEASE &
INDEMNITY AGREEMENT FOR ALL EQUINE
ACTIVITES AND RELATED ACTIVITIES/RIDING
INSTRUCTION/PARTIES/ EAA/EAG &L**

The undersigned, individually, and/or as parent, custodian and/or guardian of _____ (Full name of Rider/Participant), a minor, for and in consideration of the Agreement of Michele Jakub, to provide equine/riding instructions/parties/classes to said Rider/Participant, does/do hereby assume all risks and forever releases, acquits, discharges and holds harmless Michele Jakub/ Ridin' on Faith Horse Ministry, and/or volunteers, for all manner of claims for damages of every kind and nature whatsoever, which the undersigned or said Rider/Participant may now, or in the future have against the release/indemnities on account of death or bodily injury, or personal injury, physical or mental condition, property damage, known or unknown to the person of the undersigned or Rider/Participant and the treatment therefore, or in any way arising out of accidents, occurrences or conditions whether or not caused by the negligent acts of the releases/ indemnities; and the undersigned.

Further agrees to defend all claims and suits and indemnify the releases/ indemnities against all liability claims for bodily injury, personal injury, death, mental or physical condition or property damage sustained by any person, including the undersigned Rider/Participant or any releases/indemnities, caused or alleged to have been caused directly or indirectly by any act, omission, accident, occurrence, condition negligence or gross negligence of the undersigned, Rider/Participant or any releases/indemnities arising out of the equine/riding instructions/mini-retreat activities, including the related activities with the Rider's/Participant's assigned horse or activity such as grooming, leading, saddling, etc.

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SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk.

PRINT: _____ **DATE:** _____

RIDER/PARTICIPANT'S FULL NAME

**DATE OF BIRTH OF
RIDER/PARTICIPANT:** _____

ADDRESS IN FULL:

TELEPHONE:
HOME: _____ **CELL:** _____

SIGNATURE: _____ **DATED:** _____
PARENT/GUARDIAN/CUSTODIAN (IF PARTICIPANT IS A MINOR)

SIGNATURE OR INITIALS (OF MINOR): _____ **DATED:** _____

SIGNATURE: _____
PARTICIPANT/RIDER

WARNING:

Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to 25-21,249 to 25-21, 253 NRS.