

HORSEBACK RIDING WAIVER

Business Name: _____

Date: _____

Liability waiver for horseback riding and equestrian activities. Covers equine activity liability under state-specific statutes and inherent animal risks.

** Required fields*

Rider Full Name *

Email *

Phone Number *

Date of Birth *

Address *

Emergency Contact Name *

Emergency Contact Phone *

Riding experience *

Options: None — first time / Beginner (fewer than 10 rides) / Intermediate / Advanced/experienced

Weight (for horse matching) *

Approximate weight

Medical conditions affecting riding ability

Are you wearing closed-toe shoes/boots? *

Options: Yes / No

Will you wear a helmet? *

Options: Yes — my own / Yes — please provide one / I decline (at my own risk)

I understand horses are unpredictable animals *

I accept all risks inherent in equestrian activities *

I release the stable, owners, and staff from liability *

Rider Signature *

Sign here

Date: _____

CONSENT / WAIVER

WARNING: Under [State] Equine Activity Liability Act, an equine activity sponsor or equine professional is not liable for injury or death resulting from the inherent risks of equine activities. INHERENT RISKS include: the propensity of an equine to behave in unpredictable ways that may result in injury to persons on or around them; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, or other animals; and hazards of surface conditions. I VOLUNTARILY ASSUME ALL RISKS of participation in equestrian activities. I RELEASE AND HOLD HARMLESS the stable, its owners, employees, agents, and horses from all claims, damages, and costs arising from my participation. I acknowledge that I have been encouraged to wear an approved riding helmet.

Client Signature: _____

Date: _____

Print Name: _____