

# EQUESTRIAN CLINIC RELEASE FORM

## Waiver and Release of Liability, Assumption of Risk & Indemnity Agreement

In consideration of permitting my child to participate in the horse riding activity conducted by Camp Lohikan I, for myself and on behalf of my child, my personal representatives, heirs and next of kin do the following:

1. I hereby acknowledge that horseback riding is a potentially dangerous activity and involves the risk of serious injury and/or death and/or property damage. While protective equipment, safety procedures, and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation in the horseback riding program; (b) my child's participation in horse related activities and/or riding a horse may result in injury or damage to personal property, including the potential for permanent disability and death; (c) these risks and dangers may be caused by the horse riding activity operator, camp staff members or other participants, or by accidents, or by forces of nature or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including but not limited to, selection of the horse, trail selected or uneven terrain, weather conditions, and such other risks, hazards and dangers that are integral to activities that take place in a wilderness, outdoor or recreational environment.
3. I understand that the activity of horseback riding is physically and mentally intense. I have instructed my child in the importance of knowing and adhering by the rules, regulations and procedures established for the safety of horseback riding participants and my child has agreed to do so.
4. I hereby release, waive and discharge Camp Lohikan, its owners, directors, officers, employees and agents (the Releasees) from all liability to myself or my child, my personal representatives, all assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury and/or death to my child and/or property damage, now and forever, arising out of or related to participation and/or instruction in said course, activities or any other activity related to horseback riding operations that may occur, whether caused by the negligence of the releasees or otherwise.
5. I hereby assume full responsibility for any risk of bodily injury, death or property damage, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any related horseback riding operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise. I hereby separately agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to my child's participation and/or instruction in said course, activities, or any other related horseback riding operations, whether caused by the negligence of the Releasees or otherwise.
6. I hereby acknowledge that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, and is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me or my child and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.
8. I hereby certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Camp Lohikan, and all other Releasees but also agree to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(Print Name) (Signature) (Date)