

Equestrian Services Agreement, Liability Release, and Assumption of Risk Agreement (for Horse Training & Handling)

Spirits Equine Service

1525 Sycamore Canyon Rd, San Dimas, CA 91773

245 E Bonita Ave, San Dimas, CA 91773

Participant's Name (Owner/Rider): _____

Date of Birth (if minor): _____

Parent/Guardian Name (if applicable): _____

Phone Number: _____

Emergency Contact Name & Phone: _____

Horse's Name (if applicable): _____

1. Acknowledgment of Risk & Assumption of Liability

I, the undersigned, understand and acknowledge that horse training, handling, and related equine activities involve inherent risks that cannot be eliminated regardless of the care taken. I voluntarily assume all such risks and acknowledge that they may result in serious injury, death, or property damage. These risks include but are not limited to:

- **Horse Behavior:** Horses are unpredictable animals that may act in ways such as kicking, biting, bucking, or bolting.
- **Physical Injury:** Being thrown, tripped, or losing control while riding or working with horses could result in serious injury or death.
- **Environmental Hazards:** Uneven terrain, weather conditions, and other external factors that may contribute to accidents during training.
- **Equipment Failure:** Saddles, bridles, and other tack may fail or break during training, causing injury or harm.
- **Lunging & Groundwork Risks:** Activities involving lunging, groundwork, or training may startle the horse, resulting in accidents or injury.

I understand and accept the risks involved in horse training activities, including injury or death, and release Spirits Equine Service, its owners, employees, and volunteers from any liability, claims, or damages, except in cases of gross negligence or intentional misconduct.

2. Horse Training & Handling Release

I am hiring Spirits Equine Service for the purpose of training my horse, and I acknowledge:

- Horse training may cause injury to the horse or handler.
- Progress is not guaranteed, and training results depend on the horse's prior training, behavior, and response to instruction.
- I am financially responsible for all veterinary costs resulting from any injury to my horse while under training.
- Spirits Equine Service is not liable for injury, illness, or death of my horse during training, except in cases of gross negligence or intentional misconduct.

Horse Medical History:

Does your horse have any known medical conditions or behavioral issues?

☐ No ☐ Yes → Please list: _____

3. Helmet & Safety Requirements

For riders involved in training:

- Riders under 18 must wear an ASTM/SEI-certified riding helmet.
- Riders over 18 may waive this requirement by initialing below:
☐ I decline to wear a helmet and accept full responsibility for any head injury sustained while riding. (Initials: _____)
- Riders must wear closed-toe boots with a heel.

I understand and accept these safety requirements.

4. Medical Authorization & Emergency Care

In case of a medical emergency, I authorize Spirits Equine Service to:

- Seek emergency medical attention for myself or my child if necessary.

- Provide basic first aid and transport to a medical facility if required.
I understand I am financially responsible for any medical treatment required.

Primary Physician: _____

Does the rider have any medical conditions or allergies?

☐ No ☐ Yes → Please list: _____

5. Payment, Refund & Cancellation Policy

- Payment for horse training services is due prior to the session unless otherwise agreed upon.
 - Cancellations must be made at least 24 hours before the session or the full fee may be charged.
 - No refunds for missed training sessions unless caused by severe weather or emergency.
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6. Liability Waiver & Release

Under California law, an equine activity sponsor is not liable for any injury or death resulting from inherent risks in equine activities. By signing below, I:

- Acknowledge and accept the risks associated with horse training and handling.
- Agree to release and hold harmless Spirits Equine Service, its owners, employees, and volunteers from any liability for injuries, damages, or death related to these activities, except in cases of gross negligence or intentional misconduct.
- Confirm that I have read, understood, and agree to all terms outlined in this waiver.

Owner's Name (Print): _____

Owner's Signature: _____

Date: _____

7. Horse Emergency Care Authorization & Liability Release

In the event of an emergency involving my horse during training, I authorize Spirits Equine Service to:

- Provide basic first aid, including cold hosing, wound cleaning, and bandaging.
- Contact a licensed veterinarian or arrange transport to a veterinary facility.
I understand I am financially responsible for all veterinary expenses incurred during emergency care.

Veterinarian Information:

Primary Veterinarian: _____

Vet Clinic Name & Phone: _____

By signing below, I:

- Grant Spirits Equine Service permission to make emergency care decisions for my horse.
- Accept full financial responsibility for emergency care costs.

Horse Owner's Name (Print): _____

Horse Owner's Signature: _____

Date: _____