

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

Spirits Equine Service

1525 Sycamore Canyon Rd, San Dimas, CA 91773

245 E Bonita Ave, San Dimas, CA 91773

Participant's Name (Owner): _____

Phone Number: _____

Emergency Contact Name & Phone: _____

Horse's Name: _____

1. Acknowledgment of Risk & Assumption of Liability

I, the undersigned, understand and acknowledge that horse caretaking and handling involve inherent risks that cannot be eliminated regardless of the care taken. These risks 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, rearing, or bolting.
- **Physical Injury:** Handling or caretaking horses may result in injury from being kicked, trampled, or falling.
- **Environmental Hazards:** Uneven terrain, weather conditions, and other factors may contribute to accidents.
- **Equipment Failure:** Tacking gear such as saddles, bridles, and halters may fail, leading to injury.
- **Accidents During Grooming & Groundwork:** Horses may react unexpectedly during grooming or handling.

I understand and accept these risks and agree to release and hold harmless Spirits Equine Service, its owners, employees, volunteers, and agents from any liability, claims, or damages arising from any injury, death, or damage sustained during caretaking or handling, except in cases of gross negligence or intentional misconduct.

2. Horse Caretaking & Handling Service Release

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

- Handling and caretaking activities may cause injury to myself, my horse, or other persons.
- Caretaking services provided by Spirits Equine Service are performed based on the information provided by me about the horse's health, behavior, and special needs.
- I am responsible for all veterinary care, treatments, or medical costs resulting from injury to my horse while under care.
- Spirits Equine Service is not liable for injury, illness, or death of my horse during the service, 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. Safety & Protective Equipment Requirements

I acknowledge that for the safety of both the horse and the handler, appropriate equipment and safety practices will be followed. I agree to ensure that my horse is adequately equipped for the services provided, including a halter, lead rope, and other necessary items.

4. Medical Authorization & Emergency Care

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

- Seek emergency medical attention for my horse, if necessary.
- Provide basic first aid, such as cold hosing, wound cleaning, or bandaging.
- Contact a licensed veterinarian or arrange transport to a veterinary facility if required.

I understand that I am financially responsible for any veterinary expenses incurred during emergency care for my horse.

Primary Veterinarian: _____

Vet Clinic Name & Phone: _____

5. Payment, Refund & Cancellation Policy

- Payment for caretaking and handling services is due prior to the service or as otherwise agreed upon.
 - Cancellations must be made at least 24 hours before the service, or the full fee may be charged.
 - No refunds will be issued for missed services 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 the inherent risks of equine activities. By signing below, I:

- Acknowledge and accept the risks associated with horse caretaking and handling.
- Agree to release and hold harmless Spirits Equine Service, its owners, employees, volunteers, and agents from any liability for injuries, damages, or death related to these services, 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: _____
