



SunHorse Ranch

Liability Release and Assumption of Risk Agreement

Please fill out, sign, and return the following waiver and release of liability of **SunHorse Ranch Equine Assisted Therapy, Inc. and its affiliate, SunHorse Ranch LLC**, its owners, officers, shareholders, members, managers, and directors, acknowledging that, although all precautions will be taken to ensure the safety of all participants, accidents cannot always be prevented due to the inherent danger of equine activity as established under state law.

Participant Name: _____ Age _____ M ___ F ___

Parent/Legal Guardian Name (if under 18): _____

Home Address: _____ phone _____

Emergency Contact Name : _____ Phone _____

WARNING

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I understand and agree that I, as an adult, have individual rights and as a parent/legal guardian of the minor listed below who is under the age of 18 years under my supervision also has rights. We wish to take part in equine activities on SunHorse Ranch at 310 Log Shoals Rd, Greenville SC 29607. On behalf of myself and as parent or guardian for this minor listed below, I state (i) I have the authority to sign for and give this release for this myself and this minor; (ii) I read the warning notice about the South Carolina Equine Activity Liability Act and explained the safety rules of the Ranch to my child/ward; (iii) I agree for myself and the minor, to release, hold harmless, and indemnify **SunHorse Ranch Equine Assisted Therapy, Inc. and its affiliate, SunHorse Ranch LLC**, their owners, officers, directors, employees, shareholders, members, managers, and, representatives and others acting in its behalf, of and from all costs, expenses, claims, demands, and causes of action for legal liability for any damage to property, bodily injury, or death sustained by me or said minor while participating in any equine-related activity located at the SunHorse Ranch.

SunHorse Ranch Equine Assisted Therapy, Inc./SunHorse Ranch LLC

_____ Date:
Signature of Individual

_____ Date:
Signature of Individual for Minor

I wish to participate in equine activities at SunHorse Ranch at 310 Log Shoals Road, Greenville SC. I understand that equine activities can be dangerous and agree I will follow all safety rules and instructions of the staff at the SunHorse Ranch and will be safe and attentive around horses and ponies and will wear a helmet while riding.

_____ Date:
Signature of Minor