

Oxford Farm Liability Release Form

312 Five Forks Road, Anderson, SC 29621

Date: _____

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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.

Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others not named;
- The physical exertion associated with Horseback riding or otherwise handling horses.
- This facility is not considered a Spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of Oxford Farm furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless Oxford Farm, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand Oxford Farm carries no medical insurance for the protection of participants, and any insurance coverage existing with respect to Oxford Farm, shall not alter the terms of this waiver nor impose any liability on Oxford Farm. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to Oxford Farm unless I explicitly revoke it in writing and deliver such revocation in person to Oxford Farm. I hereby give permission to the medical personnel selected by Oxford Farm personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Oxford Farm personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Stable Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

I further understand and acknowledge that wearing a protective helmet may reduce the risk of head and spinal cord injuries to persons participating in equine related activities; nevertheless, I hereby voluntarily choose not to wear a helmet against advice of farm owners, my riding instructor and/or leader of the equine related activities.

Signature: _____

(It is Oxford Farm Policy that participants under 25 MAY NOT ride horseback without a helmet.)