



312 Five Forks Road  
Anderson, South Carolina 29621

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### Liability Form / Mane Solutions, Inc. and Oxford Farm, LLC

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ Phone \_\_\_\_\_

**WARNING.....UNDER SOUTH CAROLINA Law, 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, PERSUANT TO ARTICLE 7, CHAPTER 9 OR TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.**

**Assumption of Risk:** I acknowledge that the enjoyment and excitement of horseback riding is derived, in part, from the **inherent risk incurred by this activity**. I am solely responsible for my decision to participate in this activity and understand and accept that all equine activities involve 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 and such risk increases at higher speeds
- Unforeseen maladjustment or malfunction of saddles and tack
- Riding on rugged terrain, slippery trails or encountering startling events while riding in or outside an arena as well as accidents or illness that may occur in remote places without medical facilities
- Injuries inflicted by animals, insects, plants or the actions of other riders or non-riders
- Forces of nature including lightning, un anticipated changes in terrain, sudden weather changes, falling trees, etc.
- The physical exertion associated with riding or working with horses or on a farm.

**Release Agreement:** In consideration of **Oxford Farm** furnishing horses and a place 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 agree to obey all Rules and Posted signs as well as verbal directions from staff while participating in any and all equine or farm related activities.** I assume full responsibility for my skills and level of training in equine and farm related activities. I specifically release and hold **Oxford Farm**, it owners, operators, agents, volunteers, guides, employees, participants (as well as **Mane Solutions, Inc.**) harmless 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 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 participation in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering and all injuries that I may incurred. I further understand that **Oxford Farm** and **Mane Solutions** carry no medical insurance for the protection of participants in equine related activities and any insurance coverage existing with respect to **Oxford Farm** and/or **Mane Solutions**, shall not alter the terms of this waiver nor impose any liability on **Oxford Farm** or **Mane Solutions**. 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 to **Oxford Farm**. If, my emergency contact is not available, I hereby give permission to the medical personnel selected by **Mane Solutions, Inc.** and/or **Oxford Farm, LLC** staff to order X-rays, routine tests and treatment for myself (or minor child named above) in the event I cannot be reached in an emergency. I further give permission to the physician selected by **Mane Solutions, Inc.** and/or **Oxford Farm, LLC** staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for myself or minor child named above.

Signature of Participant: \_\_\_\_\_

Signature or Parent or Guardian: \_\_\_\_\_

(for participants under 18 years of age)