

**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 EQUINE ACTIVITY RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, is in consideration of the acceptance of my participation, and/or the participation of my child, in any equine activity, and with the understanding that a horse may be startled by sudden movement, noise, or other factors, and may shy suddenly, rear, stop short, bite, buck, bolt, kick, or run. I AGREE TO ASSUME THE RISKS incidental to such equine activity including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child, and on behalf of my child's heirs, executors, and administrators, RELEASE and forever discharge the released parties defined below, of, and from all, liabilities, claims, actions, damages, costs, or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child in such equine activity, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses, including, but not limited to, attorney's fees and disbursements. THE RELEASED PARTIES ARE **PINE POINT EQUESTRIAN**, **JESSICA CHAMPAGNE**, **NEWTON FARM**, and **STACEY NEWTON** including their parent, related, affiliated, and subsidiary companies, and the officers, directors, employees, agents, representatives, successors, and assigns of each.

I UNDERSTAND THAT BY SIGNING THIS RELEASE AND INDEMNITY AGREEMENT INCLUDES ANY CLAIMS BASED ON THE NEGLIGENCE, ACTIONS, OR INACTION OF ANY OF THE ABOVE RELEASED PARTIES, AND COVERS BODILY INJURY AND PROPERTY DAMAGE, WHETHER SUFFERED BY ME OR MY CHILD BEFORE, DURING, OR AFTER SUCH PARTICIPATION.

I further authorize medical treatment for myself or said child, at my cost, if the need arises.

DATED THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant Participant's D.O.B

\_\_\_\_\_  
Signature of Participant (or of Parent/Guardian if child is under the age of 18 years old)

\_\_\_\_\_  
Printed Name of Agent for **PINE POINT EQUESTRIAN** Signature of Agent for **PINE POINT EQUESTRIAN**