

# SALLEE EQUESTRIAN

## Arkansas Equine Release of Liability & Assumption of Risk Agreement

This Release of Liability and Assumption of Risk Agreement (“Agreement”) is entered into by and between Sallee Equestrian, owned and operated by Rene Sallee, including its instructors, employees, volunteers, agents, affiliates, and property owners (collectively referred to as “Sallee Equestrian”), and the undersigned participant and/or parent/legal guardian.

### IMPORTANT NOTICE

#### WARNING

Under Arkansas law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Arkansas law.

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### 1. ACKNOWLEDGMENT OF RISK

I understand and acknowledge that horseback riding, handling horses, and participation in equine-related activities involve inherent risks that may result in serious injury, permanent disability, death, or property damage.

I understand these risks include, but are not limited to:

- Falling from a horse
- Horse bites, kicks, bucking, rearing, or unpredictable behavior
- Equipment failure
- Uneven ground or environmental hazards
- Actions of other riders, horses, or spectators
- Negligence of participants or others

I voluntarily choose to participate in equine activities with full knowledge and acceptance of these risks.

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## 2. RELEASE OF LIABILITY

In consideration for being allowed to participate in lessons, riding activities, training, clinics, camps, horse handling, boarding, or any other activities associated with Sallee Equestrian, I hereby release, waive, discharge, and hold harmless Sallee Equestrian from any and all claims, liabilities, demands, actions, damages, costs, or expenses arising out of or related to any injury, illness, death, or property damage that may occur while participating in any activity.

This release includes claims based on negligence, except in cases of gross negligence or intentional misconduct where prohibited by law.

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## 3. ASSUMPTION OF RESPONSIBILITY

I agree that I am solely responsible for my own safety and conduct while participating in equine activities.

I understand that:

- Protective riding helmets are strongly recommended.
  - Horses are unpredictable animals.
  - Participation is voluntary.
  - Sallee Equestrian reserves the right to refuse service or terminate participation at any time for unsafe behavior.
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## 4. MEDICAL AUTHORIZATION

In the event of an emergency, I authorize Sallee Equestrian to obtain emergency medical treatment for the participant if deemed necessary.

I understand that I am financially responsible for any medical expenses incurred.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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## 5. PHOTO & VIDEO RELEASE

I grant permission for Sallee Equestrian to use photographs or videos taken during lessons or events for promotional, educational, or social media purposes unless I provide written notice declining consent.

Initial here if you DO NOT consent to photos/videos: \_\_\_\_\_

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## 6. MINOR PARTICIPANTS

If the participant is under 18 years of age, the parent or legal guardian agrees to all terms of this Agreement on behalf of the minor participant.

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## 7. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Arkansas.

If any portion of this Agreement is found unenforceable, the remaining portions shall remain in full force and effect.

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## 8. ACKNOWLEDGMENT & SIGNATURE

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I AM GIVING UP CERTAIN LEGAL RIGHTS BY SIGNING THIS DOCUMENT.

Participant Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

If Participant is Under 18:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sallee Equestrian Owned & Operated by Rene Sallee