



# THE STABLE

*On The Woods*

*The Stable On The Woods, Inc.*

## ***Hold Harmless And Release***

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, \_\_\_\_\_, the undersigned, have read and understand, and freely and voluntarily enter into this Hold Harmless and Release Agreement with The Stable On The Woods, Inc., its agents and/or employees, understanding that this Hold Harmless and Release is a full and complete waiver of any and all rights I, my heirs or assigns may have to make a claim against The Stable On The Woods, Inc., its agents and/or employees arising from any equine activity in which I may participate at The Stable On The Woods, Inc.

I understand that equine activities such as mounting, riding, walking, boarding, feeding horses; including, but not limited to, any interactions with other horses pose potentially serious risk of injury or death. Understanding those risks I hereby release The Stable On The Woods Inc., its officers, directors, employees and anyone else directly or indirectly connected with The Stable On The Woods Inc. from any liability whatsoever in the event of injury, damage, or perhaps even death to me, my guests, my horses or my guests' horses.

I agree to indemnify and hold harmless The Stable On The Woods, Inc., its agents and/or employees from any and all claims which I might make and/or any claims asserted by any third parties arising out of any equestrian activity in which the undersigned or any horse owned by or controlled by the undersigned are involved.

The undersigned agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM ANY ACTIVITY OR PRESENCE UPON PROPERTY OF THE STABLE ON THE WOODS, INC, including, but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, the unavailability of emergency medical care. It is the responsibility of the undersigned to carry full and complete insurance coverage on his horse, personal property and himself.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STABLE ON THE WOODS, INC., ITS OWNERS, EMPLOYEES AND AGENTS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.**

**NOTICE:** Wearing an ASTM/SEI approved hardhat is **REQUIRED** while riding or driving on **The Stable On The Woods**.

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

Printed Name: \_\_\_\_\_