

**LIABILITY RELEASE FOR EQUINE ACTIVITIES  
ORS 30.687 TO 30.697 – Oregon Equine Activity Liability Act**

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_

**Parent/Guardian\* Signature:** \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

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

*\*If signed by a legal guardian on behalf of a minor, attach document(s) authorizing said guardianship.*

- **Riding School Students: Payment is required BEFORE the first lesson each month. Failure to pay by first lesson of the month will result in a Late Fee (\$40) being billed.**
- **Horse Owner/Invoiced Lessons: Payment is due 10 days after receiving an invoice. A Late Fee (\$40) will be charged if payment is not received by the due date.**
- I understand that purchasing these lessons gives the right for the rider listed to take the classes within the month that payment was for.
- I understand that the purchase of lessons is **not** transferable and that it is **NON-REFUNDABLE**.
- I understand that I must sign up for specific class times and that horses and instructor schedules are based on attendance. Should I fail to notify Iron Horse 24 hours in advance, I will forfeit any missed classes. In the event I need to cancel I understand that I must schedule a make up lesson within 30 days or I forfeit the make up. I understand that this policy will be strictly enforced.
- I have been given a copy of the barn rules and I understand that if the rider does not comply with the rules the right to ride may be revoked. I accept that in the event that happens, no refund will be given.

The Undersigned assumes the unavoidable risks inherent in all horse and horse-related activities including, but not limited to, bodily injury and physical harm to participant, rider, horse, and spectator.

In consideration for the privilege of participating in equine related activities at the equine facility located at Highland Park Stables (“HPS”), 35600 NE Wild Horse Mountain Road, Sherwood OR 97140, or at any other venue under the supervision of Adria Fix or Iron Horse Riding Academy (“IHRA”) and any of its instructors, the Undersigned does hereby agree to Release, Hold Harmless, and Indemnify, IHRA, Adria Fix, and HPS, including, but not limited to, their owners, operators, agents, employees, independent contractors, working students, and volunteers. The Undersigned further releases all of them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any minor child or ward of the Undersigned accompanying the Undersigned on the premises of HPS, or any other venue, pursuant to the limitations set forth in Oregon Revised Statutes ORS 30.687 through 30.697 concerning actions arising out of equine activities.

Inherent risks of “equine activities” shall mean those dangers or conditions, which are an integral part of equine activities including, but not limited to:

- The unpredictable nature of any equine;
- The propensity of any equine to behave in ways that may result in injury, harm, distress (emotional or physical), or death to persons on or around them and/or damage to property in their vicinity;
- The unpredictability of an equine's reaction to such things as sounds, movement, unfamiliar objects, persons, or other animals;
- Certain hazards such as surface and subsurface objects;
- Collisions with other equines, animals, people, and/or objects;
- The potential of a participant to act in a manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

I acknowledge that I have read this Release Agreement, agree to be bound by its terms, and understand the inherent risks in equine activities. If I am an adult signing on behalf of a minor child, I agree to hold harmless and indemnify IHRA, Adria Fix, and HPS, their owners, operators, agents and assignees, employees, independent contractors, instructors, working students, volunteers, horse owners, property owners, landlords, and tenants from any and all claims on behalf of the student covered herein. I further acknowledge that I am the parent and/or legal guardian of said child minor covered herein.

With my signature, I agree to assume all risks and liabilities while on HPS’s premises, and while under the supervision of Iron Horse Riding Academy, Adria Fix and HPS, their owners, operators, agents and assignees, employees, independent contractors, working students, volunteers, horse owners, property owners, landlords, and tenants.

**MEDICAL TREATMENT AUTHORIZATION**

In the event that the participant named below requires emergency medical treatment on account of any accident or injury which may occur in connection with any activities at HPS, or any other venue, under the direction and supervision of Adria Fix or Iron Horse Riding Academy (“IHRA”), the agents and employees of IHRA are hereby given full authority to authorize any and all necessary emergency medical treatment for the named student including permission for the administration of anesthesia. In the event the signor is under the age of 18, the signature of the parents/custodial parent, or legal guardian is required.

**Signature\*:** \_\_\_\_\_ **(Parent/Guardian only on behalf of Minor)**

Patient Name\*: \_\_\_\_\_

Insurance Co.\*: \_\_\_\_\_ Policy Holder\*: \_\_\_\_\_

Group No.: \_\_\_\_\_ Member ID: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Primary Care Physician/Clinic: \_\_\_\_\_

Emergency Contact Name/Number\*: \_\_\_\_\_

Special Instructions/Allergies\*: \_\_\_\_\_