

CORNER STONE FARM Waiver to Print - Fill in completely and initial all spaces. ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____
if applicable under 18 Guardian's Name: _____
Participant /or Guardian's Address: _____
Phone Number: _____ E-mail: _____
Full Address: _____
City: _____

HOST : Catherine Colwell and Joseph McAllister, Corner Stone Farm,
(Name of Person, Organization or Company providing the Equine Activities) volunteers, business operators, and site property owners. (all of them collectively called the HOST). KARAT riding, their
directors, employees, officers. The Participant and Guardian must Read and Understand prior to the Participant Participating in Equine Activities Initial each item below After
Reading and Understanding the item

____ 1. I am the Parent and/or Legal Guardian of the infant Participant named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with the intent that this form be binding on myself and infant Participant for all legal purposes.

____ 2. I Understand there are Inherent DANGERS, HAZARDS and RISKS,
(collectively called RISKS) associated with Equine Activities and injuries resulting from these "RISKS" are a common occurrence.

____ 3. I Acknowledge that inherent "RISKS" of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to: which are an integral part of Equine Activities, including but not limited to:

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____ 4. I Freely Accept and Fully Assume All Responsibility for the Inherent "RISKS" and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

____ 5. I Acknowledge that it remains my Sole Responsibility for the safety of the infant Participant and for the infant to Participate within his/her own limits.

____ 6. I understand that I could become infected with COVID-19 while at the facility.

____ 7. I agree to waive all liability and to indemnify the facility for damages that may be incurred by the facility result of any misstatement in this self-declaration.

____ 8. I understand the risks of encountering other people during the COVID-19 at facility.

____ 9. I agree to contact Facility if you or anyone in your household had contact of any kind with someone diagnosed COVID-19 (presumptively or confirmed) within the last 15 days?

____ 10. I agree to contact Facility if you or anyone in your household experienced any cold or flu-like symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, loss of taste or smell respiratory illness, shortness of breath or difficulty breathing?

____ 12. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators, and assigns (collectively called my "Legal Representatives") agree to all terms stated and implied.

____ 13. I understand that no images of videos of horses or participants are to be posted on any social media sites

- To Waive All Claims that I or the infant Participant might have against the "HOST"; and
- To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I, the infant Participant or our "Legal Representatives" might suffer as a result of the infant's Participation due to any cause including any NEGLIGENCE ON THE PART OF THE "HOST": and

- To HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This _____ day of _____ 202____. Corner Stone Farm / Catherine Colwell and Joseph McAllister (Name of HOST)

(Signature of Participant)

Witness to signing & Initialing)

(Signature Host Witness) (Signature of Do Not Sign until you Understand All Items Above)