EQUINE (HORSEBACK RIDING) ACTIVITY WAIVER/RELEASE
YMCA Willson Outdoor Center

☐ I, _____, am over 18 years of age and am the (Parent, guardian,

custodian or other legal representative) of _____, a minor, age _____.

☐ I, _____, am over 18 years and am the participant.

I acknowledge that YMCA Willson Outdoor Center is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at YMCA Willson Outdoor Center in which I wish (self/child's name) _____ to participate. I recognize and acknowledge that my/my child's participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my/my child's participation in the above described activities and waive any and all claims for tort or civil actions of any kind which I/my child, or my heirs, personal representatives and next of kin may have or which may arise against YMCA Willson Outdoor Center as a result of my/my child's participation in such equine activities. On behalf of my child, myself, my heirs, personal representatives and next of kin, I hereby release and discharge YMCA Willson Outdoor Center, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, my/my child's participation in such equine activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to: YMCA Willson Outdoor Center
2732 County Road 11
Bellefontaine, OH 43311-9382

I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

_____ Address _____

Parent Signature (must be signed in ink)

_____

_____ _____

Printed Name Date Witness/2nd parent signature Date