

Chicago Vaulting

Acceptance of Risk Waiver

I, _____, request permission to participate in Equestrian Vaulting, Horseback Riding instruction and/or other equestrian related activities under the instruction and supervision of Sarah Stanger/Sue Nicole Susenburger.

I fully understand that equestrian vaulting, riding, handling, grooming of horses and other stable/barn activities are very dangerous. I wish to participate in these activities knowing they are dangerous.

I accept and assume all risk of injury (including death) to myself or to my property. I represent and warrant that I have authority to give this release.

In exchange for being permitted to participate in these activities, for myself, my heirs and legal representatives, I release and agree not to make any claims against Sarah Stanger/Sue Nicole Susenburger, officials, servants, employees, representatives, offices and/or directors for any injury (including death) to myself or any damage to my property arising out of my participation in these dangerous equestrian vaulting and horseback riding or equestrian related activities.

I, _____, acknowledge that I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding upon my executors, heirs and assigns.

I, _____, acknowledge that it is my responsibility to ensure I wear protective head gear while mounted. This headgear should be secured with a safety harness permanently affixed to the helmet. The harness should be secured and properly fitted. It has been recommended to me that the protective headgear meet the A.S.T.M. (American Society for Testing Materials) standards and display the SEI (Safety Equipment Institute) seal.

Sarah Stanger/Sue Nicole Susenberger employees and/or representatives make no representation or warranty expressed or implied about any protective headgear and cautions riders that serious injury and death may result despite wearing such headgear as all equestrian sports involve inherent risk and that no protective helmet can protect against all foreseeable injury.

WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

I ACKNOWLEDGE HAVING READ THE ABOVE RELEASE OF LIABILITY IN ITS ENTIRETY PRIOR TO SIGNING THIS FORM.

Participant's Signature Date _____

Participant's Name (printed)

FOR RIDERS UNDER 18 YEARS OLD:

Parent/Guardian's Signature Date _____

Parent/Guardian's Name (printed)