

## Yellowstone Horses at Eagle Ridge Ranch Liability Waiver and Release to Participate in Horseback Riding

Adult Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 How did you find out about us? \_\_\_\_\_  
 ( website, wall poster, brochure, road sign, motel, friend, hotel, return guest)

I recognize that there is an element of risk in any adventure, sport or activity associated with the outdoors. I acknowledge that horseback riding is an inherently dangerous sport. I fully realize the dangers in participating in horseback riding activities, and fully assume the risks associated with such participation. I **understand that Idaho Code 6-1802 specifies that, “an equine activity sponsor shall not be liable for any injury to, or the death of a participant in equine activity resulting from the inherent risk of equine activities.” Some (but not all) of these risks include bucking, running, biting, kicking, rolling, being stepped on, etc.**

I acknowledge that by signing this release form I am releasing Yellowstone Horses at Eagle Ridge Ranch (including their guides and staff), Eagle Ridge Ranch, and the Angell family from liability. I have been advised to read it carefully before signing.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest, I hereby waive, release, discharge, defend, indemnify, hold harmless, and promise not to sue the releasees’ from any and all rights and claims including claims arising from the releasees’ own negligence which I have, or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participating in these horseback riding activities. I further understand it's my responsibility to notify the guide of any pre-existing medical problems that could possibly interfere with normal horseback riding activities.

I understand that **helmets are available** for use upon request, and can significantly reduce injury and even prevent death in the event of an accident. If I don’t request one, I consciously and voluntarily choose not to wear such a helmet during Equine Activities and assume all risks.

I have read, understand, and accept the terms and conditions stated herein, and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activity.

I certify that I am age 18 or older or that I am with a responsible parent or guardian.

If participant is under the age of 18, a parent or legal guardian must affirm and sign in behalf of participant and assume the same risks:

\_\_\_\_\_  
 (Participant or Legal Guardian’s Signature) (Date)

Participants Under Age 18 (please complete a second release form if listing more than 8):

\_\_\_\_\_  
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