| Must be signed | and dated | prior to i | participation. | |
|--------------------|-----------|------------|----------------|--|
| | | | | |

HOOVED ANIMAL RESCUE AND PLACEMENT STATEMENT OF RIDER AND LIABILITY WAIVER

| on regulations of the event and agree to complete this event may involve being in remote area transportation, and medical facilities; that which ride management cannot anticipate. | by the Hooved Animal Rescue and Placement ("HARP", 200 I have read the rules, conditions, and ply with them. I understand that horseback riding during as for extended periods of time far from communications to these areas may have natural or man-made hazards ate, identify, modify, or eliminate; that horses can be table; and that accidents can happen to anyone at any myself and the animal I am riding. |
|---|---|
| management, any ride participant, or any (hereafter "HARP and its informal affiliates | ARP, its officers or any individual member thereof, ride y property owner over whose land the ride may cross ") for any injury, accident or loss which arises out of this nal affiliates free from any and all liability for any such injury or loss arises from its negligence. |
| I further acknowledge that I have read and | d understand Louisiana's Equine Activity Liability Act: |
| | Warning |
| professional is not liable for in equine activities resulting activities pursuant to RS 9:2 | rs (under 18 years of age) wear an ASTM/SEI, Snell, or net at all times while mounted. |
| Date: | |
| | Signature of Rider |
| Birth Date of Junior Rider: | |
| | |
| Signature of Parent #1 | Signature of Parent #2 |
| Name of Adult Responsible for Jr. Rider: | |
| PRINTED name of equine | Responsible Adult Phone Number |
| owner, if different from rider: | |
| Signature of equine owner: | |
| | Equine Owner Phone Number |