



RELEASE  
THE EQUESTRIAN CLUB

MATTHEW & LESA TEEPE, 4885 ROCKY BRANCH RD, BETHALTO, IL62010  
RockyBranchStables.com [contactus@RockyBranchStables.com](mailto:contactus@RockyBranchStables.com)  
Office 618-377-9560 Cell 618-444-4377

In consideration of my being permitted by Rocky Branch Stables to engage in equestrian activities at its facilities, I agree to the following waiver and release, and I make the following representations.

X \_\_\_\_\_ (initial)

**I acknowledge the inherent extreme risks in equestrian activities.** I understand and accept the risks of engaging in equine activities and merely being near a horse, mule, or pony (collectively "equine"), including: (i) The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; (for example, jump, run, kick, buck, bolt, spin, rear up, strike, or bite); (ii) The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals, or other things (iii) Certain hazards such as surface and subsurface conditions; (iv) Collisions with other equines or objects; (v) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them.

X \_\_\_\_\_ (initial)

I agree to assume all risks of personal injury, including paralysis and death, that may incur while I am at the stables, or while I am engaging in an equine activity anywhere at any time. I hereby release Rocky Branch Stables, its owners, officers, employees, volunteers, boarders, tack manufacturers, lessors, insurers, and agents from all liability for any such personal injury that I may incur.

**This release even extends to injuries that may occur through the NEGLIGENCE of stable employees or other parties released.**

X \_\_\_\_\_ (initial)

This release applies to and binds my personal representative, heirs, and my family. If a member of my family under the age of 18 accompanies me to the stable, I make this release and these representations on his or her behalf as well as my own, and I agree to assume responsibility for his or her safety.

#### Parents and guardians take note!

If I am a parent or guardian of a minor participating in equine activities at the stable, whether or not I am a client myself or am present when the minor is riding/handling/observing, I agree to indemnify and hold harmless Rocky Branch Stables, and the other parties released, in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs and charges incurred by Rocky Branch Stables or any other party released, including attorneys fees.

#### This release is a binding legal contract

This release is a binding legal contract. I sign it of my own free will. I also understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

X \_\_\_\_\_ (initial)

#### Media Release

I hereby consent to my name, pictures, or video to be used by Rocky Branch Stables.

By providing my full Facebook name, I wish to be tagged in any photo of me (not required). \_\_\_\_\_

X \_\_\_\_\_ (initial)

**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. Illinois Statutes, Public Act 111, Bill 240.

Participant's printed name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State Zip code

Phone \_\_\_\_\_  
Home Work Cell Do you text? YES / NO

**Signature of Parent**, if Rider is under 18 \_\_\_\_\_ Date \_\_\_\_\_

Parent's legibly printed name \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_ Date \_\_\_\_\_