

Pegasus Hill Farm, LLC • 217 Flint Hill Road, Alexander, NC 28701 • 828-337-7993

| - | | |
|--|--|--|
| | enter into this Release and Hold Pegasus Hill Farm, LLC, hereafter | the undersigned, have read and understand, and Harmless Agreement, hereafter referred to as referred to as "PHF", understanding that this |
| to, grooming, mounting, r horses at PHF. Understand and anyone else directly of | riding, walking, boarding, feeding the ding those risks, I hereby release that or indirectly connected with PHF from cluding death, to me or anyone else co | ctions with horses at PHF, including, but not limited horse I am scheduled to ride, as well as any other PHF, its officers, directors, shareholders, employees many liability whatsoever in the event of injury or aused by or incidental to my electing to mount and |
| agreed to, and that in sign | ing this AGREEMENT, I know and unofessionals to include any activity, we are the contractions and the contractions are the contractions and the contractions are the contractions | is being voluntarily and intentionally signed and inderstand that this AGREEMENT does further limit whatsoever, involving an equine, including death, |
| said equine professional(s) equine activity, and has/h |) has/have made reasonable and prucave sufficient knowledge of my equin | will be working with, and acknowledge that I agree lent efforts to determine my ability to engage in the ne and horseback riding skills as to relieve, release, ing duty to monitor my equine activities. |
| liability whatsoever, inclunegligence, relating to injurier, death or property barn, paddock, trails or homy failure to understand a | ding, but not limited to, any inciden uries known, unknown, or otherwise damage from: mounting; riding; distorse ring, in any capacity; falling off horse | armless this/these equine professional(s) from any caused by or related to said equine professional's not herein disclosed; including, but not limited to, mounting; walking; grooming; feeding; use of horse orse whether horse is bucking, flipping, spooked; or elating to my riding or otherwise use and control, or |
| AN INJURY TO OR THE DEAT | | SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS NERAL STATUTES. |
| Person voluntarily enterin | g into this AGREEMENT: | |
| Printed name | Signature | Date |
| Phone | Email | |
| | | |

Signature

Date

Printed name



2) EMERGENCY CONTACT FORM

| Rider Name: | | |
|--|---|-------------------------|
| Guardian Name (if applicable): | | |
| Home phone: | Cell phone: | |
| Email Address: | | |
| Address: | | |
| Primary Emergency Contact Name: | | |
| Relationship: | Cell phone: | |
| Secondary Emergency Contact Nam | e: | |
| Relationship: | Cell phone: | |
| Preferred Local Hospital: | | |
| Insurance Company: | Policy #: | |
| Comments (include any special med provider to know – or special contac | lical or personal information you would to information): | want an emergency care |
| 3) PAYMENT AND CANCELLATION A | AGREEMENT | |
| | service in the form of cash, check, or cred ellations with less than 24 hours notice w | , |
| Signature (of Guardian): | Date: | |
| 4) PHOTO RELEASE FORM (OPTION | AL) | |
| May we have permission to use image | ges of you (or your child) for advertising | and/or on our web site? |
| Printed name (of rider) | Signature (of Guardian) | Date |