



EQUINE Waiver

I/We recognize that there are potential risks inherent in equine activities, including the propensity of an equine to behave in dangerous ways which may result in injury to the participant; and there is an inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and there is an inability to predict the hazards of the surface or the subsurface conditions. In accordance with the Equine Activity Liability Act of the Virginia Assembly, and knowing and recognizing these facts, I/we waive my/our rights to sue, maintain an action against, or recover from an equine sponsor (Horizons), staff persons or other equine professionals thereof, for an injury to or death of a participant engaged in the equine activity. Therefore I/we agree to assume all risks.

Signature of Parent or Guardian

Signature of Participant

*Signature and Name of Person responsible
for payment of fees if different than above.*

Date