

**Glory Reins Stables**  
**2020 Vision (Day Camp)**  
**Utica, Ohio**

**Parent for Participant: “Activity” Liability Agreement and Risk Acknowledgement**

1. Parties. The parties of this document are Glory Reins Stables of Utica, a Ohio non-profit corporation (hereinafter “Glory Reins Stables”) and \_\_\_\_\_ and \_\_\_\_\_ {hereinafter “Parent”), parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter “Participant”).
2. Activities with Glory Reins Stables. Glory Reins Stables is a non-profit ministry that is sponsoring 2020 Vision Day Camp, August 8, 2020. Activities for participants at or with Glory Reins Stables may include but are not limited to riding horses, horseback riding lessons, grooming horses, working with and around horses while not mounted (“ground work”), farm chores, working in a garden and recreational activities such as campfires, water slides, arena camp games. Parent believes that participating in such Activities will be of value to Participant and affirmatively desires that Participant be permitted to do so and specifically requests and consents to such participation.
3. Representations of Parent. Parent represents that she/he understands the nature of the Activities in which Participant will be taking part and is familiar with Participant’s health, abilities, and maturity level and represents that Participant can safely participate in those Activities. Parent is welcome to inspect the Glory Reins Stables premises and facilities and/or has in some other way satisfied him/her self that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for Participant and Parent and any visitors they may bring onto the premises.
4. COVID-19 Assumption of Risk. By attending Glory Reins Stable/2020 Vision, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you and your family may be exposed to or infected by COVID-19. You also acknowledge that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of yourself and/or others, including, but not limited to, Ministry, employees, contractors, volunteers, members, and participants and their families. You agree to assume all the foregoing risks, waive liability against the Ministry and any other listed parties, and accept sole responsibility for any illness, injury, disability, or death to you or your family, including all claims that may arise resulting from any of these.
5. Appointment of Liability and Indemnity. In consideration of Participant being allowed to participate in Activities with Glory Reins Stables, use Glory Reins Stables services or facilities, or be present on property used for its activities, Parent does agree to the following apportionment of legal liability. Parent agrees to hold harmless and release Glory Reins Stables, its agents, volunteers, participants, employees, officers, representatives, assigns, affiliated organizations, insurers and others acting on Glory Reins Stables behalf from all claims, demands, legal liabilities arising out of Participant’s or Parent’s activities with Glory Reins Stables or Participant’s or Parent’s presence on Glory Reins property, whether the same be known or unknown, anticipated or unanticipated, and even if due to negligence and/or another Participants’ acts or omissions. Parent does further agree to waive all rights which may otherwise arise from an injury to Participant or Parent and shall not bring any claims, demands, legal actions or causes of action, against Glory Reins Stables those persons described above, or any person or entity, for any economic or non-economic losses due to bodily injury, death, or property damage arising out of the activities of Glory Reins Stables or Participant’s or Parent’s presence on Glory Reins Stables property. Parents agree to accept full responsibility for all damages, injuries, or loss of life to or caused by Parent or Participant, and to indemnify Glory Reins Stables and all related parties described above, for any losses or expenses (including attorney fees) which they incur in connection with any claim related to Parent or Participant.
6. Risks and Hazards. According to the North American Horseman’s Association, numerous obvious and non-obvious inherent risks are always present in horseback riding and being around horses and ponies, despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. If a horse is frightened or provoked, it may divert from its training and act according to its natural instincts which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking or running from danger. These risks exist for

any person around a horse, whether mounted or on the ground. The sounds of passing trucks and sirens at Glory Reins Stables may frighten the horses. Electrically charged fencing is in use at various places at Glory Reins Stables, including a "hot" strand of wire at the top of other types of fencing. Other risks are present in the Activities described above. Parent and Participant acknowledge these risks and state that they are not relying on Glory Reins Stables to advise of all the risks.

7. Acknowledgement and Assumption of Risks. Parent acknowledges that Participant bears responsibility for their own safety and Participant should not participate in any Participant Activity unless he/she and Parent are confident that he/she can do so safely. Participation in Participant Activities with or conducted by or at Glory Reins Stables constitutes a knowing and voluntary assumption of all risks associated with such activities involving Glory Reins Stable or being present on or using Glory Reins Stables property (including but not limited to inherent risks and the risk of negligence by Glory Reins Stables or other) which is a defense under Ohio law to any claim for injury or damage, and a bar to recovery.

8. Helmet Use. Participant and Parent acknowledge that wearing a properly fitted and secured equestrian riding helmet which meets or exceeds the quality standards of the SEI Certified ASTM Standard F1163 while riding, mounting, dismounting or being near horses may reduce the severity of head injuries or prevent death occurring as the result of a fall or other occurrence. Glory Reins Stables makes no representations as to the condition, effectiveness or suitability of any helmet it may allow Participant to use. All helmet-related risks are assumed by Participant and Parent.

9. Visitors. Should Participant or Parent bring to Glory Reins Stables any person who is not a party to a liability agreement with it, Parent agrees to educate him/her as to the risks of being around horses and horse operations, supervise them, be solely responsible for their safety, and to be financially responsible for any injury or loss caused by or suffered by any such person in any way related to Glory Reins Stables.

10. Other Terms. This document states the entire agreement between the parties as to liability and may not be changed, except in writing and signed by the parties. The benefits to this agreement, including the release of legal liability, waiver of rights, and covenant not to sue are intended to benefit others, including officers, managers, members, shareholders, employees, and agents of Glory Reins Stables. This agreement shall be binding upon Glory Reins Stables, Participant's Parent, and Participant's (and Parent's) heirs or estate, when signed by the parties. If any clause, phrase or word is in conflict with Ohio law, then only that single part is null and void. This agreement and these acknowledgements shall remain in force until terminated by Participant's Parent through written notice to Glory Reins Stables at the address above. The General Court of Justice Knox County, Ohio, shall be the exclusive venue for any litigation between Participant or Parent and the parties described above, relating to the activities of Glory Reins Stables.

**WARNING**

**Under Ohio Law an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Statute, R.C. 2305.321 of the Ohio Revised Code.**

**Glory Reins Stables**

\_\_\_\_\_ **Date** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_ **Title/name** \_\_\_\_\_

**GLORY REINS STABLES**  
1218 Millersburg Road, Utica, Ohio 43080 740-739-7492  
**Medical and Liability Release Form**

This Medical and Horse Liability Release form covers participation in any Glory Reins Stables activities during Business year 2020

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Allergies (food, bee stings, seasonal)

Medications:

**(Please read Sections A – E and initial to show that you agree)**

**A. ACCIDENT/MEDICAL INSURANCE – I AGREE THAT:** Should emergency medical treatment be required,

I and/or my own accident/medical insurance company **shall pay** for **ALL** such required expenses. Please complete **ALL** areas.

If there is **NO** Insurance, please note this under Name of Insurance Company.

**Please complete the following insurance information; please do not leave any blanks**  
**If possible also include a copy of both sides of your insurance card.**

**Insurance Information:** This information is on the Policy Holder; the person to whom the policy is registered

Name of Insured (Policy Holder) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Policy Holder's SS # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Co. \_\_\_\_\_ RX Group # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ RX Bin (Pharmacy ID) # \_\_\_\_\_

**(This information is not recorded or given to anyone and is used only in a medical emergency at the Dr. Office or ER)**

**B. MEDIA RELEASE –** I understand that any pictures taken during a Glory Reins Stables (also known as "GRS") event, as well as testimonies, of myself or my child and/or legal ward may be use in GRS promotional materials including newsletters, brochures, displays and websites and other social media.

**C. MEDICAL RELEASE –** I certify that this participant has my permission to attend GRS, and further give the release of any records necessary for treatment, referral, billing, and insurance purposes. I also give permission for a staff person to inform the necessary parties of the participants medical conditions. Including but not limited to, food and other allergies, asthma, seizures, or medication for attending to the participant's medical needs. I understand that some activities are inherently risky and take responsibility for the participant's participation in any of GRS's program areas. I also indemnify, release, and discharge Glory Reins Stables, as well as its directors, officers, employees, agents and volunteers, from liability and all costs arising from my child's participation in GRS activities.

**D. LIABILITY RELEASE:** I AGREE THAT: In consideration of GRS allowing my participation in this activity, under the terms set forth herein, I the Participant, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge GRS, its owner, agents, employees, officers, director, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, volunteers, and others acting on its behalf (hereinafter, collectively referred to as "Associates") of and from all claims, demands, causes of action and legal liability, whether the same to be known or unknown, anticipated or unanticipated; and I do further agree I shall bring no claims, demands, action and causes of action and/or litigation, against GRS and/or IT ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of GRS.

**E. ACTIVITY AGREEMENT:** As a participant of the activities at Glory Reins Stables, I hereby understand the following be true about these activities and understand any associated risks.

**Equine activities:** My participation at GRS may include the use of GRS horses (or other equines), tack and equipment, personnel and trails for the purpose of horseback riding. This includes both handling them from the ground and mounted. Though GRS chooses its horses carefully to use with novice riders, and follows a risk reduction program, no horse is a completely safe horse. Horseback riding is classified as a "rugged adventure recreational sport activity." There are inherent risks despite all safety precautions. GRS advises pregnant women not to ride horses unless permitted by a physician.

I understand that as a participant I must:

- \*wear an SEI certified helmet (provided by GRS)
- \*be able to carry out simple instructions
- \*be able to remain balanced aboard a moving animal
- \*alert the sponsor to specific needs during a ride
- \*not carry loose objects or make loud noises during a ride
- \*be under the 250 lb. weight limit
- \*be able to mount and dismount with little or no assistance – mounting blocks are available
- \*wear appropriate covered/closed toe boots or shoes, preferably with heels (sneakers/tennis shoes are acceptable)
- \*modest shirts and long pants are to be worn when riding.

Rider's Experience: \_\_\_\_\_ under 10 hours      \_\_\_\_\_ over 10 hours

**Does this participant have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse or participate in any other activity?**

If yes, please describe

**Signer Statement of Awareness**

I/We the undersigned, have read and do understand the foregoing agreement, warnings, releases and assumption of Risk. I/We further attest that all facts relating to the applicant's physical condition, experience, and age are true and accurate.

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #1

DATE

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #2

DATE

**If digitally completed and signed, return via email to:**  
[gloryreinsstables@gmail.com](mailto:gloryreinsstables@gmail.com)