

### Personal Injury Liability Waiver

#### NATURE OF STABLE HORSES

I, the undersigned, acknowledge that Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include but are not limited to: Stopping short; Changing directions at will; Changing speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; or Running from danger. I, the undersigned, hereby assume all risk.

#### COVID-19

By signing below;

1. I acknowledge the risks and symptoms of COVID-19 transmission in public and private areas. If my child is sick or presenting any COVID-19 symptoms, I will withhold my child from attending Zenko Farm activities that day.
2. I acknowledge and assume any risk of my child contracting any illness while attending Zenko Farm activities.

#### LIABILITY RELEASE

In consideration of Zenko Farm LLC allowing my participation in Horseback Riding, or any other Zenko Farm activities, under the terms set forth herein, I, the undersigned rider or parent or legal guardian thereof a minor, do agree to hold harmless and release Zenko Farm LLC, it's owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to ordinary negligence; and I shall bring no claims, demands, actions and causes of action, and/or litigation against Zenko Farm LLC and it's 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 child or legal ward in relation to the premises and operations of Zenko Farm LLC to include while riding, handling, or otherwise being near horses and other animals owned by or in the care, custody, and control of Zenko Farm LLC, including all other activities taking part on the premises.

#### ALLERGIES

List all allergies: \_\_\_\_\_  
\_\_\_\_\_

Participant Name Printed \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Legal Guardian if Participant under 18)

Print if Signer not Participant \_\_\_\_\_

Signer's Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_