**WAIVER OF LIABILITY**

THIS WAIVER OF LIABILITY (“Waiver”) made and entered into on \_\_\_\_\_\_\_\_\_\_\_\_(date), by and between The Farm at One Under Lane LLC, located at 53 One Under Lane, Lugoff SC, all members of The Farm at One Under Lane LLC, (“The Farm”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant” (or Participant’s parent or legal guardian if Participant is under the age of 18 year old)) (collectively, The Farm and Participant are referred to herein as “Parties”).

In consideration of the use of the property and facilities, and/or in consideration for the payment of equine services, the Parties’ hereto agree as follows:

A. ACKNOWLEDGEMENT OF INHERENT RISK OF EQUINE ACTIVITY

Participant acknowledges that there are dangers and conditions which are an integral part of equine activities, including, but not limited to: the propensity of an equine to behave in ways that may result in injury, harm, or death to a person on or around the equine; the unpredictability of an equine’s reaction to sound, sudden movement, unfamiliar object(s), a person, or another animal; certain hazards such as surface and subsurface conditions; collisions with other equines or objects, 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 the participant’s ability; and the propensity of equines to behave in ways such as running, bolting, bucking, biting, kicking, shying, stumbling, rearing, falling, stepping on and general unpredictability.

In executing this Waiver, Participant hereby acknowledges that he/she has voluntarily applied to participate in an equine activity, volunteer, visit, observe, or otherwise be in the presence of horses through The Farm. Participant understands that equine activity and his/her presence around equines involves risk of injury that is his/her responsibility and Participant expressly and specifically assumes all risks, both known and unknown, related to his/her presence at The Farm. Participants further understand that these risks extend to activities off of The Farm.

B. RELEASE

With full knowledge and appreciation of the risks involved, Participant, as well as his/her heirs, administrators, and executors hereby agree to indemnify, release, waive and forever discharge and hold harmless The Farm, its members, trainers, employees, representatives and/or agents and their heirs, successors, and assigns from any and all actions, causes of action, claims, demands, damages, costs, and expenses for any economic or non-economic losses due to bodily injury, death, property damage, sustained by Participant and/or Participant’s minor child or legal ward and/or Participant’s horse in relation to the premises and/or operations of this facility. Participant assumes all risks and warrants a full and fair disclosure of Participant’s abilities made to The Farm and/or its members and/or any other employee, trainer, representative, agent or assign.

C. DUTIES, RIGHTS AND AUTHORITIES

Participant agrees to abide by all rules and regulations of The Farm at One Under Lane, and Participant is responsible for using protective gear (ASTM approved helmets and appropriate footwear) at all times.

D. WARNING

**UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS SOUTH CAROLINA, 1976.**

E. SIGNATURES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Full Name of Participant Signature (if over 18 years old) Date**

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, SIGNATURE IS REQUIRED FROM BOTH PARENTS, OR GUARDIAN(S).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Full Name of Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Printed Full Name of Parent/Guardian Signature Date

EMERGENCY CONTACT INFORMATION

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other relevant health/medical information: