



SADDLE UP FOR SMILES

LIABILITY WAIVER



Rider Name (Please Print): _____

DOB (MM/DD/YYYY): ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Mobile): _____

Parent/Guardian Name: _____

E-Mail: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Warning

Under Louisiana Law, an Equine Activity Sponsor or Equine Professional is not liable for injury to or the death of a participant in Equine Activities due to the inherent risks of Equine Activities, pursuant to R.S. 9:2795.3

Waiver of Liability

I recognize the risk of injury inherent in or incidental to the handling and riding of horses due to their size and unpredictability, and I voluntarily assume the risk and release the managers of Saddle Up for Smiles and all involved with the Smiles Foundation from all liability for injuries, including serious injury or death, to any person or property, or my minor children, caused by any horse, tack or equipment at BREC's Farr Park Equestrian Center. I further release the Smiles Foundation, the Maheu and Holton Families, BREC, and all involved in the production of the show from all liability for damages, injury, illness, death or loss of any livestock owned by me and boarded at the Horse Activity Center or brought there for practice sessions or other activities. I further agree to indemnify BREC and all involved parties for any amount for which I may be held liable for such damages to livestock owned by another person which I have brought to the Horse Activity Center for my use. I am aware that unforeseeable events may occur that may cause my injury, and I waive all aforementioned parties of liability.

Signature of Rider: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____