

CHEROKEE COUNTY SADDLE CLUB RELEASE OF LIABILITY

Should any person listed below require medical assistance for any reason during this Equine Activity and not be in a position to obtain, request or authorize such treatment at the time, such person hereby authorizes the Equine Activity Sponsors to obtain such medical treatment or emergency care as they may deem necessary or desirable and such person agrees to hold the THE UNDERSIGNED does hereby, for himself, his heirs, executors and administrators acknowledge that the activities engaged in and/or participated in are covered by the Official Code of Georgia Annotated 4-12-1 through 4-12-5 and that Cherokee County Saddle Club and the individual members thereof are an Equine Activity Sponsor as contemplated thereunder and further acknowledge that he has received the Warning as required in OCGA 4-12-4 (Warning required: effect of failure to comply with notice requirement). The warning is as follows:

WARNING

Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the official Code of Georgia Annotated.

I acknowledge and fully understand that Equine Activities and particularly "Trail Rides" and cross-country horseback riding over obstacles, steep and rough terrain and with unknown riders and horses can be dangerous activities. I wish to participate in these activities knowing they can be dangerous. I accept and assume all the risks of injury (including death) to me, my horse and property.

I hold the Equine Activity Sponsors harmless with regard to any such emergency care or the expenses arising therefrom.

The Equine Activity Sponsors do not condone the drinking of alcohol or taking of drugs at Equine Activities. If you are taking any drugs or medication that might effect your ability to participate in this Equine Activity or otherwise do not have the experience, knowledge or ability to participate in this Equine Activity please do not participate.

If your group includes a minor child, a parent or legal guardian must sign this Acknowledgment Notice and Release for each minor child and the minor's name must be printed next to the parent or guardian's name.

Read, Acknowledged and Agreed to this _____ day of _____, 20__.

Printed Name: _____ Signature: _____

Address: _____

City / State / Zip: _____

IN THE EVENT OF A MINOR CHILD A PARENT OR LEGAL GUARDIAN'S SIGNATURE IS REQUIRED

Read, Acknowledged and Agreed to this _____ day of _____, 20__.

Printed Name(s) Of Minor Child(ren) _____

Printed Name of Parent / Legal Guardian of Minor Child(ren) _____

Signature of Parent / Legal Guardian of Minor Child(ren) _____

Address: _____

City / State / Zip: _____

In case of emergency please notify:

Name: (printed) _____

Telephone #: _____