

Kaizen Farm Release Agreement



I, the undersigned understand that all horse-related activities carry risk.

I, the undersigned, hereby release Kaizen Farm, Ltd., Rogue Ranch, LLC. and/or Party Ponies, their owners, officers, members, agents, employees, representatives or any of them, of and from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, my heirs, representatives or dependents, on account of or by reason of any injury, loss or damages which may be suffered by me or them or any of them or to any property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger of any hurt, injury or damage which may occur through or by any reason or matter, thing or condition, negligence or default, or any person whatsoever.

I am aware that all activities on these grounds both for the rider and all persons transported here with the rider are subject to the Equine Activities Immune Act, Idaho Code, chapter 18, section 6.1801-6.1802 which states that under Idaho law, an equine activity sponsor or professional shall not be liable for any injury to, or the death of a participant or equine in equine activities resulting from the inherent risk of equine activities, and my signature indicates acceptance.

Medical Release: I give permission for Kaizen Farm representatives to seek whatever medical assistance they deem necessary in the absence of a parent/guardian or adult representative of the named rider.

Date: _____

Name of Rider: _____ DOB: _____

Phone nos. in order of preference: _____

Emergency no. and relationship: _____

Address: _____

Email: _____

Signature of rider (if adult): _____

For Underage Rider:

I/we, the parents or guardians of the above named rider, hereby waive on our behalf, or on the behalf of the above named child, any liabilities as set forth above.

Signature of Parent or Guardian: _____