



Trail Ride Reservation

Name: _____

Date of Ride: _____

Height: _____ Weight: _____

TRAIL RIDE AGREEMENT

PLEASE READ THIS AGREEMENT IN ITS ENTIRETY BEFORE SIGNING.

Your safety, the safety of our volunteers, and the safety and well-being of our program horses are our **#1 priority**. Horseback riding is an inherently unpredictable activity and involves risks that cannot be completely eliminated. By signing this agreement, you acknowledge that you have read, understand, and agree to follow all rules, requirements, and safety procedures outlined below.

RIDER REQUIREMENTS

All riders must:

- Be **at least 14 years of age** and weigh **no more than 200 pounds**. You will disclose your height and weight at time of reservation.
- Disclose any physical, medical, behavioral, or learning limitations that may affect their ability to safely participate **before the scheduled ride appointment**.
- **Make payment of \$80 per rider during phone call reservation** using Cash App (#ahorsesfriendinc), Venmo (Matthew Doward @matthew-doward-2) or credit card.
- Arrive **20-30 minutes before** the scheduled ride time. This allows time to complete the required waiver, obtain a riding helmet, receive instructions, and mount the horse. If you are late, the ride will leave without you and your ride has been forfeited.
- Understand that rides **leave at their scheduled time**. Late arrivals or no-shows will result in a canceled ride with no refund.
- Wear an approved **riding helmet while mounted**. Bike and motorcycle helmets are not permitted. AHF provides riding helmets at no cost.
- Follow **all directions and instructions** and be able to **communicate verbally** with AHF volunteers.
- Be able to **steer and control their horse independently** and maintain appropriate riding posture.
- Treat AHF volunteers, other riders, horses, equipment, and property with respect.
- AHF does **not** allow: Double riding (two people riding one horse) or volunteers walking beside or leading a horse with a rider on the trail.

PRE-RIDE SAFETY ASSESSMENT

Before leaving the riding arena, each rider will be assessed by an AHF volunteer to determine whether they are able to safely control and ride their assigned horse. If an AHF volunteer determines that a rider is unable to safely control the horse, follow directions, maintain appropriate posture, or otherwise participate safely, the volunteer may remove the rider from the horse and they will not participate in the ride. **AHF reserves the right to refuse or discontinue a rider's participation at any time when, in the judgment of an AHF volunteer, participation would create an unsafe situation for the rider, volunteers, horses, or other participants.**

AHF VOLUNTEER RESPONSIBILITIES

AHF volunteers will:

- Answer questions from riders before, during, and after the ride. Provide riders with safety instructions and directions.
- Alert riders to branches, obstacles, and other potential hazards encountered on the trails.

WEATHER, CANCELLATIONS & REFUND POLICY

Horseback riding is an outdoor activity and is dependent upon appropriate weather and trail conditions.

- AHF may cancel or reschedule a ride due to thunderstorms, severe weather, unsafe trail conditions, or other circumstances that may affect the safety of riders, volunteers, or horses.
- If AHF needs to cancel or reschedule a ride, we will contact the reservation by telephone. **All rides are non-refundable once purchased but can be rescheduled for a different day.** *The rescheduling policy does not apply to late arrivals or no-shows.*
- If you need to cancel or reschedule your appointment, you will provide **at least 24 hours' notice**. This allows AHF adequate time to notify staff and volunteers.

Waiver of Liability and Hold Harmless Agreement

In consideration for participating in any activities at A Horse's Friend, Inc.;

1. I hereby RELEASE, WAIVE, DISCHARGE AND AGREE TO HOLD HARMLESS A Horse's Friend, Inc., its Owners or Volunteers, or The Town of Rush (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions, third party claims, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the RELEASEES, or otherwise, while participating in such activity, using A Horse's Friend, Inc. or Town of Rush resources, or while in, on or upon A Horse's Friend, Inc. or Town of Rush premises.

2. I am fully aware of the risks and hazards connected with the activity of horseback riding, horse care and stable usage, the risk of which include but are not limited to, injuries, death or property damage from: mounting, riding, dismounting, walking, grooming, feeding, use of horse barn, paddock, trails or horse ring, in any capacity; falling off a horse whether horse is bucking, rearing, spooked, moving or stopping suddenly; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse that I have been assigned to, or interaction with other horses. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statement or inducements, apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age (If minor, parent or person representing himself/herself to be the lawful Guardian must sign), and I am fully competent. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York.

Signature of Releaser:

Printed Name of Releaser

Signature of Releaser

Date

Printed Name of Guardian
(if Releaser is under the age of 18)

Signature of Guardian

Date

Address:

Email: _____

Phone: _____

Date of Birth: _____

Email: ahorsesfriend@yahoo.com

Web: www.ahorsesfriend.org.

Phone: 585-749-9885

Farm Address: 6565 East River Road, Rush NY 14543.

Mailing Address: PO Box 92213, Rochester, NY 14692