

Trish Franks-Wright
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Franklin, TN 37065-1272
TrishFranksWright@hotmail.com

Equine Liability Waiver Revised 2/11/07

I, _____, (participant name) request permission from Trish Franks-Wright or any other knowledgeable contract assistant hired by Mrs. Franks-Wright to participate in horseback riding, cross country trail riding, or equine related activity at Green Pastures Farm, 960 Franklin Road, Brentwood, TN, or any other place that horses are boarded or transported to for the purpose of showing, lessons, trail riding, etc.

I, _____, (participant name) fully understand that equine related activities and riding (and jumping over fences or any other obstacles), and riding over rough terrain are very dangerous activities. I wish to participate in these activities knowing that they are dangerous. I accept and assume all the risks of injury (including death) to me or my property in exchange for being permitted to participate in these activities for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against Trish Franks-Wright or Green Pastures, Paul Wright, Martin or Brittany Franks, any hired contract assistant, or any other person making the property available for the purpose of riding, negligence or not, or any other cause arising out of my participation in these dangerous horseback riding activities. I also agree that if anyone makes claims because of any injury to me (including death), or for any damage to property, I will keep all those related by this agreement free of any damages or costs because of these claims. Equine instruction given by Mrs. Franks-Wright or any other contract hired assistant shall provide the safest environment possible with interval safety checks and providing information to obtain the proper fitted apparel and instructions needed to provide the safest riding or horse-related activity participation. All students shall wear an ASTM/SEI approved safety riding helmet.

UNDER THE TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 794.

_____ **Participant Name**

_____ **Date**

_____ **Address**

_____ **Phone Number**

Minor Child (18 and under)

I accept and assume all the risk of injury (including death) to the minor _____ or my property for the purpose of horseback riding. The minor and I have fully discussed the dangers of horseback riding and I represent and warrant that I have the authority to give this release for the minor to participate. I agree not to make any claims of any kind against Trish Franks-Wright, Paul Wright, Martin or Brittany Franks, or any other hired, knowledgeable contract assistant for any injury (including death) arising out of the minor's participation in horseback riding activities, and I also agree if anyone makes claims because of any injury to the minor (including death), or for any damage to my property, I will keep those released by this agreement free of any damages or costs because of those claims.

UNDER THE TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 794.

_____ Date
_____ Name of Minor Child
_____ Parent or Guardian
_____ Address
_____ Phone Number

**RELEASE AND HOLD HARMLESS AGREEMENT
FOR WEARING OF RIDING HELMETS**

ALL PERSONS AGE 18 OR UNDER RIDING HORSES OR PONIES AT OR ON THE PREMISES OF GREEN PASTURE FARM WILL BE REQUIRED TO WEAR AN ASTM/SEI APPROVED RIDING HELMET. PERSONS OVER THE AGE OF 18 ARE REQUIRED TO SIGN THIS HOLD HARMLESS AGREEMENT IF THEY CHOOSE NOT TO WEAR AN APPROVED RIDING HELMET.

_____ SIGNATURE OF ADULT NOT CHOOSING TO WEAR AN APPROVED SAFETY HELMET

_____ DATE

_____ SIGNATURE OF PARENT OR GUARDIAN FOR THE MINOR CHILD AGREEING TO PROVIDE AN ASTM/SEI APPROVED RIDING HELMET FOR THEIR CHILD TO PARTICIPATE IN HORSEBACK RIDING OR ANY OTHER EQUINE RELATED ACTIVITY.

_____ DATE