

2608 Rolesville Rd, Wendell, NC 27591 Phone:919-810-0654

Email: jaksstables@gmail.com

				
NAME(S)				
\(\)	of everyone on property in the same family:			
Address:		State:		
City:		Zip Code:		
Phone:		Email:		
EMERGENCY CONTACT (name & phone:)		•		
RELEASE OF LIABILITY: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities (Chapter 99E of the North Carolina General Statutes). As a pass holder/guest of JAKS Stables, LLC (hereafter referred to as JAKS), I hereby knowingly execute this waiver of the right to litigate and do hereby agree to assume all risks associated with participation in any ride sponsored by JAKS, or in riding on the premises as a pass holder/guest of JAKS. I agree that my participation in the ride involves certain inherent risks, which include, but are not limited to, the following: (1) horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas can have many natural and manmade hazards which JAKS cannot anticipate, identify, modify or eliminate, these hazardous surface/ subsurface conditions including such things as rocks, trees, puddles, streams, fences, jumps and/or hard objects and/or holes, divots, ledges which could cause an equine to trip and/or fall and/or could strike a participant who falls from or is thrown from an equine; (2) that horses can behave in unpredictable ways which can result in accidents to anyone at any time, resulting in injury, severe injury, or death; (3) that an equine's reaction to sound, movements, objects, vehicles, persons, animals, scents or insects cannot be predicted regardless of how well the equine is trained. I agree to take full responsibility for myself/my child, and the animal I/my child are riding. I will hold harmless JAKS, its employees, instructors, all facility and event personnel, independent contractors, and all property owners over whose land I may cross (Including but not limited to: Leslie Pearce and Debra P Godwin), their representatives, successors and assigns, for any accident, injury or loss that might occur due to my pa				

Signature:		_Date:
	(in case of a minor, parent or guardian MUST sign release).	
Participant's Name(s):		
Parent/Guardian of mino	or (please print):	

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