



Vogt Family Ranch

35156 Cold Springs Rd
Lebanon, OR 97355

Cell#: 541-401-2606 Hm#: 541-258-1818

Equine Release and Hold Harmless Agreement

WARNING

UNDER OREGON LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTIC ANIMAL ACTIVITIES; PURSUANT TO OREGON REVISED STATUTES TITLE 3. REMEDIES AND SPECIAL ACTIONS AND PROCEEDINGS CHAPTER 30. ACTIONS AND SUITS IN PARTICULAR CASES ACTIONS ARISING OUT OF EQUINE ACTIVITIES. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY.

Name (Please print): _____ Age (If minor): _____

Additional names and ages: _____

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Address: _____

City: _____ State : _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

I understand that activities involving horses carry inherent risks and can be potentially dangerous despite all safety precautions. A horse may behave in a manner that result in damages to property or an injury or death to a person. Risks associated with the activity may include but are not limited to injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, falling, or butting.

The horse may react unpredictably to conditions, including, but not limited to, a sudden movement, loud noise, an unfamiliar environment, or the introduction of unfamiliar persons, animals, or objects. The horse also may react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the horse or failing to act in a manner consistent with the person's abilities.

I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

There also are risks that I, my child or my ward may take while mounting, leading, riding, and feeding or otherwise interacting with horses. I also understand that I, my child or my ward can help to minimize the risks by carefully following the direction of Vogt Family Ranch and wearing an ASTM/SEI certified safety helmet.

I hereby grant permission and authority to Vogt Family Ranch and those acting on its behalf to obtain prompt medical attention in the event I, my child or my ward may become injured. Should medical treatment be required during or following my, my child's or my ward's participation in an activity associated with Vogt Family Ranch, I agree that I and/or my, my child's or ward's insurance company shall pay for any and all expenses related thereto. My, my child's and/or my ward's insurance company and policy number are: _____

In consideration of Vogt Family Ranch allowing the participant to participate in this activity, I, on behalf of the participant, myself, the participant's and/or my heirs, personal representatives, and assigns, hereby agree to hold harmless, release and discharge Vogt Family Ranch, its employees, directors and anyone associated, either directly or indirectly, with from any and all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, due to Vogt Family Ranch and its representatives' ordinary negligence. I further agree, except in the event of Vogt Family Ranch's gross negligence or willful misconduct, that I will not bring any claim or legal action against Vogt Family Ranch, its employees, directors or anyone associated with Vogt Family Ranch.

The terms of this agreement shall be construed as the entire agreement and may not be altered, amended or modified except in writing and signed by both parties. This agreement shall be governed by the laws of the state of Oregon and shall remain in effect for each activity with Vogt Family Ranch whether on or off the premises of 35156 Cold Springs Rd , Lebanon , OR .

I consent to and authorize the use and reproduction of any and all photographs and/or audiovisual materials taken of me, my child, my ward or my representatives by Vogt Family Ranch. Consent: Yes _____ No _____

Words and phrases herein shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.

WE EACH HAVE READ THE FOREGOING RELEASE AND HOLD HARMLESS AGREEMENT, AND WE UNDERSTAND ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME.

CAUTION: THIS IS A RELEASE – READ BEFORE SIGNING!

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if minor): _____ Date: _____

For Vogt Family Ranch

By: _____ Date: _____