



Quarry Ridge Farm, LLC



Release of Liability, Assumption of Risk and Indemnification Agreement

This Document Affects Your Legal Rights – Please Read It Carefully

I understand that equines are potentially dangerous animals and can cause serious injury to myself and others, including permanent injury and/or death, or damage to property, including other equines. Collectively, any and all such injury, death, harm, loss, or damage is referred to herein as "Injury." I understand that any equine, regardless of its training and prior behavior, may act or react unpredictably at any time, and may bolt, spook, rear, buck, bite, kick, fall, strike out, stomp, trample, spin, refuse to jump, collide with or fall onto objects, collide with other equines, step on, over or become entangled in objects, tack, or equipment, or otherwise act in a manner that may cause or contribute to my Injury. I understand that other riders and handlers may act in a negligent or unskilled manner, including but not limited to failing or an inability to maintain control of his/her equine, which may cause or contribute to my Injury. I understand that tack or other equine equipment can break, loosen, or otherwise fail, causing injury. I understand that the risks set forth in this paragraph and other similar risks are inherent to participation in any "equine activity" as defined by RCW § 4.24.530(2).

I understand there are potential hazards at any equine facility, including but not limited to uneven, slippery or rocky footing, open water, gopher holes, molehills, irrigation equipment, water drainage ditches, hoses, and electric fencing. I further understand and acknowledge that there may be animals, including but not limited to other horses, deer and dogs, present at an equine facility that present a risk of Injury.

I acknowledge that Quarry Ridge Farm, LLC ("Quarry Ridge"), has made a copy of Washington's equine inherent risk laws, RCW §§ 4.24.530 – 4.24.540, available to me.

I acknowledge that I have been advised to purchase and wear properly fitted and secured ASTM-standard/SEI-certified headgear at all times when riding or near equines in order to prevent or reduce the severity of head injuries that may result from a fall, kick, or other occurrences.

I understand that Julia Richard and any and all other persons providing equine training and/or riding instruction services, or renting an equine for the purpose of riding, driving or being a passenger upon the equine, or renting equipment or tack to a participant for compensation on behalf of Quarry Ridge are each an "equine professional" as defined by RCW § 4.24.530(6).

I understand that Quarry Ridge, Julia Richard, Samuel Richard and any and all other individuals, groups, partnerships, or corporations (collectively, "Sponsors") that sponsor, organize, or provide facilities for an equine activity are each an "equine activity sponsor" as defined by RCW § 4.24.530(3).

I understand that each of the following is an "equine activity as defined by RCW § 4.24.530(2): equine shows, fairs, competitions, performances, equine training and/or teaching activities, riding instruction; equine boarding; exhibition in equine shows; riding; inspection or evaluating an equine belonging to another; and all activities and services related to such activities otherwise provided by Trainers or Sponsors.

I understand that by riding, training, driving, or riding as a passenger upon an equine, whether mounted or unmounted, I am "engaging in an equine activity" as defined by RCW § 4.24.530(5). I understand that by directly engaging in any such equine activity, I am a participant in an equine activity as defined by RCW § 4.24.530(4).

The equine facility located at 25604 NE Manley Road, Battle Ground, Washington, including but not limited to the barn, arena, outbuildings, paddocks, pastures, driveway, and surrounding acreage at the facility at which Quarry Ridge operates its business and conducts horse shows is referred to herein as the "Premises."

I understand and agree that I participate in the horse show and board my horse (if applicable) on the Premises at my own risk. I further understand and agree that I store, leave, or park any personal property at or on the Premises, including but not limited to tack, equipment, horse trailer(s), and motor vehicles, at my own risk.

I UNDERSTAND THAT BY MY PRESENCE AT THE PREMISES, I HAVE INDICATED THAT I ACCEPT WASHINGTON'S EQUINE INHERENT RISK LAWS' LIMITS OF LIABILITY RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. I UNDERSTAND THAT THE PREMISES ARE NOT A SPECTATOR AREA, AND THAT BY MY PRESENCE AT THE PREMISES, I WILL BE REGARDED AS A PARTICIPANT IN AN EQUINE ACTIVITY AND LIMITED BY WASHINGTON'S EQUINE INHERENT RISK LAWS.

I UNDERSTAND THAT JULIA RICHARD, SAMUEL RICHARD, QUARRY RIDGE FARM, LLC, AND THEIR RESPECTIVE MEMBERS, MANAGERS, OWNERS, SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, COOPERATIVE PERSONS, AND REPRESENTATIVES, OR ANY OF THEM, ARE REFERRED TO HEREINAFTER COLLECTIVELY AS THE "RELEASED PARTIES."

I UNDERSTAND AS A CONDITION OF MY PRESENCE AT OR USE OF THE PREMISES, I VOLUNTARILY, KNOWINGLY, AND EXPRESSLY ASSUME ANY AND ALL RISK THAT MAY RESULT THEREFROM, INCLUDING BUT NOT LIMITED TO ALL INHERENT RISKS.

I UNDERSTAND THAT AS A CONDITION OF MY PARTICIPATION IN ANY EQUINE ACTIVITY PROVIDED BY THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO PARTICIPATING IN EQUINE SHOWS, FAIRS, COMPETITIONS OR PERFORMANCES, RIDING, TRAINING, DRIVING, OR RIDING AS A PASSENGER UPON AN EQUINE, WHETHER MOUNTED OR UNMOUNTED, I VOLUNTARILY, KNOWINGLY, AND EXPRESSLY ASSUME ALL RISK THAT MAY RESULT THEREFROM, INCLUDING ALL INHERENT RISKS.

I AGREE THAT BY SIGNING THIS AGREEMENT OF RELEASE, I AM KNOWINGLY, VOLUNTARILY, AND EXPRESSLY WAIVING MY RIGHT, AND THAT OF MY REPRESENTATIVES, HEIRS, AND ASSIGNS, TO BRING OR MAINTAIN ANY ACTION AGAINST OR RECOVER FROM THE RELEASED PARTIES FOR ANY INJURY TO ME, WHETHER KNOWN OR UNKNOWN, RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN ANY EQUINE ACTIVITY PROVIDED BY THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO EQUINE SHOWS, FAIRS, COMPETITIONS AND PERFORMANCES, EQUINE BOARDING, RIDING, TRAINING, DRIVING, HANDLING, OR GROOMING, AND RIDING AS A PASSENGER UPON AN EQUINE. THIS AGREEMENT OF RELEASE INCLUDES, BUT IS NOT LIMITED TO, CLAIMS BASED UPON NEGLIGENCE, INCLUDING CLAIMS ARISING OUT OF, CAUSED BY, OR ASSOCIATED WITH ANY DANGEROUS LATENT CONDITION OF THE LAND OR FACILITIES UPON WHICH THE INJURY OCCURRED.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT OF RELEASE, I AM GIVING UP CERTAIN LEGAL RIGHTS THAT I MIGHT OTHERWISE HAVE IF I DID NOT SIGN THIS AGREEMENT OF RELEASE, INCLUDING BUT NOT LIMITED TO THE RIGHT TO RECOVER DAMAGES FROM THE RELEASED PARTIES IN THE EVENT OF ANY INJURY TO ME. I ACKNOWLEDGE THAT I HAVE BEEN ADVISED, AND HAD AN OPPORTUNITY, TO OBTAIN INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS AGREEMENT.

I agree that my execution of this Agreement of release is binding upon me and/or my representatives, heirs, and assigns, and that the Released Parties shall not be liable for my Injury. I agree that this Agreement shall be construed in accordance with Washington Law. I agree that if there is any dispute arising out of or in any way related to this Agreement, including but not limited to any and all disputes to enforce or determine the parties' rights or duties arising out of the terms hereof, such dispute shall be brought in Clark County Superior Court, Washington. I agree to waive the right to any jury trial in any action, proceeding, or counterclaim brought by either party against the other.

I agree to indemnify, defend, and hold harmless the Released Parties for: (a) any and all injuries, claims, damages, attorney fees and costs and liability resulting from or arising out of my participation in any equine activity provided or sponsored by the Released Parties, or any of them, including but not limited to equine shows, fairs, competitions and performances, equine boarding, riding, training, driving, handling, or grooming, and riding as a passenger upon an equine; and (b) any and all injuries, death, and property damage sustained or suffered by any third parties (i.e., people who are not parties to this Agreement, including but not limited to, my children, family members, friends, guests, etc.) as a result of, arising out of, or caused by, directly or indirectly, my actions or those of my horse, children, family members, friends, and guests.

I intend this Agreement to be as broad and inclusive as permitted under Washington law. I FURTHER INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE EXTENT PERMITTED UNDER WASHINGTON LAW. I agree that if any provision of this Agreement is deemed to be unenforceable by a court of appropriate jurisdiction, then the remaining provisions of this Agreement shall remain in full force and effect.

Quarry Ridge strongly recommends that all persons participating in Quarry Ridge's horse shows or other equine activities carry personal liability insurance. I represent that I am either covered by personal liability insurance or assume the risk of not having such insurance.

I ACKNOWLEDGE AND REPRESENT THAT: (A) I AM AT LEAST 18 YEARS OF AGE, OF SOUND MIND AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS; (B) I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND KNOWINGLY, VOLUNTARILY AND EXPRESSLY CONSENT TO ITS TERMS; AND (C) I HAVE RECEIVED A COPY OF THIS AGREEMENT.

Date: _____

Participant (Print): _____ Participant's DOB: _____

Signature: _____
(Parent/guardian's signature of Participant under 18 years old)

Parent/Guardian Name (Print): _____ Phone: _____

Address: _____ Email: _____



Quarry Ridge Farm, LLC



Medical Consent and Emergency Contact Information

I authorize and consent to Quarry Ridge Farm, LLC ("Quarry Ridge"), Julia Richard, Samuel Richard, and the employees, agents, representatives and trainers of Quarry Ridge, or any of them, authorizing reasonable medical care on my behalf, including but not limited to medical or surgical diagnosis or treatment, x-ray examination, anesthesia, medication, and any other medical services that may be rendered under the general or specific instructions of any physician or hospital. I understand my authorization and consent is given in advance of any specific diagnosis or treatment that may be required, and to encourage the medical facility and its physicians and staff to exercise their best judgment as to the requirements of such diagnosis or treatment. I agree to pay all fees, costs, and charges that may be incurred in obtaining such diagnosis and treatment, including but not limited to physicians' fees, hospital charges, ambulance charges, medications, and other reasonably necessary fees and charges.

Date: _____

Participant (Print): _____

Participant's DOB: _____

Signature: _____
(Parent/guardian's signature of Participant under 18 years old)

Parent/Guardian Name (Print): _____

Phone: _____

Address: _____

Email: _____

Emergency Contact (Print): _____

Phone: _____

Insurance Provider: _____

Name of Insured: _____

Insurance Group Number: _____

Insurance Policy Number: _____

Insured's Employer: _____

Participant's Primary Care Physician: _____

Phone: _____

DISCLOSURE OF THE FOLLOWING INFORMATION IS OPTIONAL

Participant's Allergies, if any: _____

Participant's Medications, if any: _____

Participant's Known Medical Conditions, if any: _____



Photo Release

I _____ grant consent and provide authorization to Quarry Ridge Farm LLC to use photos of myself and or my child taken while at Quarry Ridge Farm or a Quarry Ridge event, for educational or publicity purposes, without compensation to myself or my child. I understand, these pictures may be used in print materials or online media such as Facebook and Instagram. You and/or your child’s name will never be used with the pictures.

_____ Name (print) Date

_____ Child’s Name (print)

_____ Child’s Name (print)



Acknowledgment of Quarry Ridge Policies

Thank you for taking time to read about the policies and etiquette of Quarry Ridge Farm. Sharing this information with you helps our barn run smoothly, sets the stage for open communication and most importantly helps us keep you and your horse safe.

I _____ acknowledge, that I have received, read and understand the Quarry Ridge Farm LLC’s Policies and Etiquette document.

_____ Name (parent/ guardian if the student is a minor)

_____ Signature (parent/guardian signature if the student is a minor) Date

_____ Student Name

_____ Student Name