

# The BANCROFT RANCH

## LIABILITY RELEASE and WAIVER of CLAIMS

I, the person listed below, acknowledge that horses can be unpredictable animals and fully realize that there are certain dangers inherent in riding and handling horses, including injury and death. I understand that neither my actions, nor the actions of any other person or horse can necessarily be controlled, and that my safety and that of my horse and property cannot be guaranteed while participating in equestrian sports, including riding for pleasure, lessons or training sessions.

In consideration for riding horses at the Bancroft Ranch (BR), I fully assume the risks of participating in equestrian sports, and accept full and complete responsibility for the safety of myself, any guests or observers, my horse, and personal property. I hereby give up and waive any claims, whether now existing or arising in the future against Susan Bancroft and BR, their agents and employees as a result of damage or injury to myself, my horse, or my property, from any cause whatsoever while riding for pleasure, riding in lessons, or while my horse is in training with Susan Bancroft, and BR, or while it is being handled by them, their agents or employees. I further agree to indemnify and hold Susan Bancroft, and BR, their agents and employees harmless against and all liabilities, losses, damages, costs or expenses whatsoever, including the costs of defending any such claim, which might arise from the injury or damage to any other person, their property or animals as a result of my participation in riding, or lessons or the training of my horse by Susan Bancroft, and BR, their agents or employees.

I agree that the waiver and indemnities contained herein shall be binding on my heirs, successors, legal representatives, and assigns and shall inure to the benefit of Susan Bancroft, BR, their agents, employees, heirs and assigns.

BY SIGNING THIS DOCUMENT I AGREE THAT I HAVE READ THE ENTIRE DOCUMENT, UNDERSTAND ITS TERMS, AND AGREE TO THEM.

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Signature

Date

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Print Name

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Mailing Address

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City, Zip

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Phone

Cell/Other