

Recoub Al Sarat
Waiver, Release, and Assumption of Risk Form

In consideration of my voluntary participation in equestrian activities at Recoub Al Sorat and related activities (the Activity).

I, the undersigned participant, hereby waive all claims and/or causes of action including negligence, against Recoub Al Sorat farm and its owner(s), employees, and agents of all of them, all or which are collectively hereinafter referred to as Al Sorat, arising out of my participation in the Activity. I agree not to sue Al Sorat, and I agree to release and hold Al Sorat harmless from all liability, including negligence, in connection with my participation. "Participation" includes, but is not limited to, travel to and from the Activity.

I am aware that certain elements of equestrian activities are physically and emotionally demanding. I understand that certain risks and dangers, including but not limited to those listed below, may exist in the Activity. These risks include loss or damage to personal property, physical and/or emotional injury or fatality due to inclement weather, slipping, falling, or suffering any type of accident or illness in remote areas/foreign countries where access to medical facilities/care is difficult or impossible. I understand that Al Sorat personnel are not trained medical professionals and may not be able to help if a serious accident or injury occurs. I acknowledge that while Al Sorat and its personnel will make every reasonable effort to warn me of known risks, all danger associated with this Activity and their consequences cannot be foreseen. Knowing, understanding, and fully appreciating these facts, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in the Activity.

I understand that I am not to use or be under the influence of alcohol or drugs during my participation in the Activity. I agree to obey all Activity rules, including safety rules.

I may or may not have medical coverage, but I agree to use my medical coverage or my own resources as a primary resort should accident or injury occur.

I have read this entire document and understand its terms and legal significance. This waiver and Release is freely and voluntarily given with the understanding that right to legal discourse against Al Sorat is knowingly given up in return for allowing my participation in the Activity. My signature on this document is intended not only to bind myself but all my successors, heirs, representatives, administrators, and assigns. No oral representatives, statements, or inducements apart from this written agreement have been made.

I HAVE READ THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK FORM IN ITS ENTIRETY

Participant's Signature: _____ Date: _____

Participant's Name (Print): _____

Parent's Signature: _____ Date: _____

Parent's Name: _____ Parent's Contact Number: _____

Emergency Information:

Please identify all allergies to foods, drugs, insect bites, dust, etc. If none, please state "None":

Please identify and describe any disabilities or conditions that might limit your participation, including prior injuries. If none, please state "None":

Please contact the following individual in case of an emergency:

Name: _____ Phone: _____