



A 501(c)3 Non-Profit Organization

Dedicated to Rescuing, Rehabilitating, Retraining, Rehoming, and Retiring Thoroughbred

RELEASE and WAIVER of LIABILITY, ASSUMPTION of RISK and INDEMNITY AGREEMENT

Please read carefully before signing. Your signature indicates that you understand and agree to the terms outlined in this document.

By signing this agreement, you are waiving certain legal rights, including the right to recover damages in case of injury, death or property damage, arising out of your riding or use of your horse, another's horse, a horse in the Thoroughbred Retirement Network of Louisiana retraining program, a horse owned by Cynthia D'Atrio, and/or participation in equine activities at the Thoroughbred Retirement Network of Louisiana including injury, death, or property damage arising out of the negligence of you, the Thoroughbred Retirement Network of Louisiana or Cynthia D'Atrio.

I hereby enter into this agreement in consideration of my/ability and permission to ride OR use any horse owned or cared for by the Thoroughbred Retirement Network of Louisiana and/or Cynthia D'Atrio located at 77606 Hwy. 21, Covington, LA 70435.

By signing this form, I hereby acknowledge on behalf of myself, that I am familiar with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- **Being bitten and/or kicked by horses**
- **Incurring abrasions or contusions from horses**
- **Being thrown or bucked off of horses**
- **Being scratched or incurring other injuries from stalls, equipment or enclosures on the premises**
- **Being scratched or incurring other injuries from grooming tools and/or other equine equipment and tack**
- **Developing allergic reactions to animals, hay, or other allergens**
- **Tripping in holes or on materials or equipment**
- **Slipping, falling, or otherwise being injured in the barn, in stalls, or on the ground, which can be slippery, muddy, wet, or contain or present other hazards**

I hereby specifically forever waive and release the Thoroughbred Retirement Network of Louisiana, Cynthia D'Atrio and its principals and agents from any liability arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of the Thoroughbred Retirement Network of Louisiana or Cynthia D'Atrio, its principals and agents.

I hereby acknowledge that although there may be supervision during my time spent at the Thoroughbred Retirement Network of Louisiana, there will not be any medical care or treatment available on the premises and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless the Thoroughbred Retirement Network of Louisiana and Cynthia D'Atrio and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at the Thoroughbred Retirement Network of Louisiana or any acts or omissions of Cynthia D'Atrio, principals or agents.

By signing this agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at the Thoroughbred Retirement Network of Louisiana, without restriction, without liability to the Thoroughbred Retirement Network of Louisiana, Cynthia D'Atrio, its principals or agents and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities of the Thoroughbred Retirement Network of Louisiana, I do so at my own risk, and I hereby acknowledge and agree that the Retirement Network of Louisiana, Parkview Farm and Cynthia D'Atrio and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at the Thoroughbred Retirement Network of Louisiana.

Name: _____ Age: _____

Name of Parent (if under 18): _____ Phone: _____

Address: _____ Email: _____

Signature (Parent signature required for minors): _____ Date: _____