

**WAIVER AND RELEASE OF ALL LIABILITY
ASSUMPTION OF RISK
WARNING**

Under South Carolina Law, an Equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina 1976.

I, the undersigned, assume all risk of injury, release and waive all claims and liability of any nature whatsoever against the premises, owner, possessor, or controller, its officers, shareholders and employees of TW Quarter Circle Ranch, 213 Bridwell Way, Travelers Rest, SC, or Double S Ranch, 1447 Jones Mill Road, Simpsonville. SC for any injuries, damages, or death I might sustain while on the premises or while engaged in equine activities.

I have carefully read and fully understand this Waiver of Liability and Assumption of Risk and understand that by signing below I am agreeing on behalf of my estate, my heirs, assigns and representative not to sue owners of TW Quarter Circle Ranch (Curt & Bev Doherty), or Double S Ranch (Don and Martha Snyder), promoters, or other equine professionals or volunteers involved, or hold their insurers liable for any injuries, including death resulting from engaging in equine activities. I fully understand and intend to be bound by this agreement and affirm that I am eighteen (18) years of age or older suffering under no legal disabilities.

I agree to allow any pictures taken to be used for promotional purposes.

Rider Information

Date _____ email address _____

Print legal name _____ Signature _____

Address _____

Date of Birth _____ Home Phone _____ Cell Phone _____

CONSENT BY MINOR'S PARENT OR LEGAL GUARDIAN

I represent that I am the parent or legal guardian of minor, _____
Child's Name

Guardian's Permission

I have read and fully understand the Waiver of Liability and Assumption of Risk Agreement and by signing below consent to all terms and conditions of this agreement of behalf of minor for whom I am responsible.

Signature _____ Phone _____

Address _____

Print Name _____ Date _____

_____ Date _____

NOTARY
State of _____ Commission expires _____

Owner operators assume no liability for lost, stolen, or damaged property.

Helmet refusal: I am eighteen (18) years old or older, and, knowing the increased danger I face by not wearing the safety helmet offered to me **at no charge**, I politely refuse to wear it. Signed : _____ Date: _____