



WAIVER OF LEGAL LIABILITY AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Please read carefully before signing. This is a release of liability and a waiver of rights.

WARNING: Under Georgia law, an equine activity sponsor or professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

Name (Please print) _____

Address: _____

Telephone _____; Email: _____

Please select one of the following:

_____ Owner / Owner # _____

_____ I am/We are Guest of Owner # _____ Owner Name _____

_____ I am/We are part of Function/Group Name: _____

In consideration of receiving permission to take part in the Activity, I, for myself and for my heirs, personal representatives or assigns, do hereby waive, discharge, and agree to indemnify and agree to release and hold harmless R-Ranch, its officers, directors, employees, agents or contractors, or anyone associated with the R-Ranch business or property (collectively, the "Released Parties") from any and all claims, actions, or losses for injury, property damage, wrongful death, loss of services, lost profits, consequential, exemplary, indirect or punitive damages or otherwise which may arise out of or occur during my participation in any Activity organized or sponsored by the Released Parties and any other activities conducted in conjunction therewith (the "Activities") or that I might suffer as a result of physical injury, including death, or property damage or loss sustained in connection with the Activity. Additionally, I agree to indemnify the Released Parties for any claim brought by a third party in connection with my participation in the Activity.

I further agree that R-Ranch, its Directors, Managers, their agents and employees are not liable for the death, sickness or injury to any group member's horse while on ranch property, or to any loss or damage to any personal property.

I, the person named above, do hereby waive, relinquish and disclaim any right to hold R-Ranch or any of its officers, agents, employees liable for any injury or harm resulting from, or in any way related to, any Activities I may undertake while on R-Ranch property or premises, including but not limited to, use of equipment of any kind, riding or handling horses, carriage riding, hiking, camping, swimming in the pool, fishing or boating in the lakes at R-Ranch, or engaging in any activities related thereto. There is absolutely no swimming in any open water resources (i.e. Crystal Lake or Rainbow Lake) whatsoever.

R-Ranch is not responsible for any accidents to horses or riders while owners/guests have their own horses on Ranch property; nor is R-Ranch responsible for any owner allowing their guest to ride their horse(s). R-Ranch insurance only covers R-Ranch horses.

Owner Name: _____

Owner #: _____

Should I require medical assistance for any reason while on the property or premises of R-Ranch and not be in a position to so authorize it at the time, by signing below I authorize such medical treatment or emergency care as may appear necessary or desirable, and I agree to hold R-Ranch harmless with regard to any such emergency medical care. I understand that this authorization for medical treatment shall remain in effect as long as I am on the property and premises of R-Ranch or in need of medical treatment arising out of my presence on the property and premises of R-Ranch.

If the person listed above is a minor child, a parent or legal guardian must sign this waiver for the minor child. By signing this wavier, parent or legal guardian agrees to all conditions as set forth above with regards to the minor child. Any parent or legal guardian signing further represents that he/she has thoroughly explained to the minor participant the risks associated with participating in the Activities, using language appropriate to the age and intellectual capacity of such participant.

The person signing this document hereby represents that he or she has advised the Released Parties of any facts known to him/her which would make him/her more susceptible to injury or risk of injury as a result of participating in the Activities. By signing this form, the person signing this document, or his/her parent or legal guardian, on behalf of himself/herself, his/her heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding the Activities.

Signature

Witness

Date

AS A MEMBER OF THE GROUP (stated above), I acknowledge that by signing I have fully read and understand the Liability Waiver & Authorization for Medical Treatment.

Print Name	Signature	if Minor Child; Please indicate if Parent/Guardian	Date