

The Southlands Foundation Release and Waiver of Liability 2025

I, _____ guardian of rider(s)
(Please print names) DOB for rider(s): _____

do hereby request that I be allowed to ride horses and ponies on or about the property owned by The Southlands Foundation and on lands adjacent thereto, and to do each and everything necessary pertaining to such riding, including the care of stock, grooming, handling, tacking, etc.

I understand that horseback riding involves risk of injury from falling, the behavior of the animals, ground hazards (natural and otherwise) and other risks. I accept those risks.

I agree to indemnify and hold harmless The Southlands Foundation, its agents and employees, for any claims for damages to my person or property resulting from or arising out of negligence on the part of The Southlands Foundation, its agents or employees. I understand that this means I will not seek to hold The Southlands Foundation responsible for any injuries, sickness and disease (including communicable diseases), I sustain as a result of these activities. I further agree to indemnify and hold harmless the above named, their agents and employees from any and all claims from injuries and/or damage to the person or property of any third party or parties resulting from my participation in the above activities.

I also agree that The Southlands Foundation, its agents and employees, are not to be responsible for any or all losses due to fire or theft, and I agree to indemnify and hold harmless The Southlands Foundation, their agents and employees for any claims arising there from.

In the event I ride on property adjacent to The Southlands Foundation, including property owned by Dove's Nest LLC and its members, I agree to indemnify and hold harmless the owners of such adjacent property from any and all claims for injury or damage to my person or property or the person and property of any third party resulting from my participation in the activities described above.

I acknowledge that I have carefully read the rules of riding safety which are posted at The Southlands Foundation and agree to abide by those rules.

I acknowledge that I have carefully read this Release and Waiver of Liability, understand its contents and sign it as my own free act.

PLEASE SIGN AND PRINT ALL REQUESTED INFORMATION BELOW

SIGNED: _____ **TODAY'S DATE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER _____ **EMAIL ADDRESS:** _____

WHERE DID YOU HEAR ABOUT US? _____

The Southlands Foundation 5771 Route 9 Rhinebeck, NY 12572 (845) 876-4862