

HORSE RIDING AGREEMENT AND LIABILITY RELEASE FORM

This form must be completed by and for each participant.

PREMISES OWNERS NAME IS KERI DAVIDSON, hereinafter known as KTR FARMS
LOCATION OR ADDRESS: 55 OLD HIGHWAY 41, ADAIRSVILLE GA 30103.

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. KTR FARMS DOES NOT
GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE. IT IS HEREBY AGREED TO AS FOLLOWS THAT:

I, the following individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a
minor, do hereby voluntarily request and agree to participate in horse riding on premises KTR FARMS, and that this
RIDER will ride his/her own horse or one borrowed or leased by RIDER'S own arrangement today and on all future dates.
This agreement shall be legally binding upon me the registered RIDER, and the parents or legal guardians thereof if a
minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted
according to the laws of Bartow County, GA. Any disputes by the RIDER shall be litigated in and venue shall be Bartow
county, GA.

No horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act
according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or
speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger. Upon mounting a horse and
taking up the reins, the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability
to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The RIDER shall be
responsible for his/her own safety. **According to Georgia law, riders under the age of 18 are required to wear
protective headgear while riding.** This also extends to equine basics that the RIDER may be taught to do, which may
include but are not limited to: leading a horse, feeding horses, getting horses or turning out horses to pastures, grooming,
taking a horse in and out of a stall, blanketing horses.

KTR FARMS is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a
horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild
and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular
footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather,
temperature, and natural and man-made changes in landscape.

Should medical treatment be required, I and/or my own accident/medical insurance company shall pay for all
such incurred expenses. My accident/medical insurance company is _____ and my policy
number is _____. Should my actions or that of my horse cause injury or damage of any kind, I and/or
my own personal liability shall pay for such damages. My personal liability insurance company
is _____ and my policy number is _____.

LIABILITY RELEASE – In consideration of KTR FARMS allowing my participation in this activity, under the terms set
forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release KTR
FARMS, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from
legal liability due to KTR FARMS ordinary negligence; and I do further agree *that except in the event of KTR FARMS
gross negligence and willful and wanton misconduct*, I shall not bring any claims, demand, legal actions and causes of
action, against KTR FARMS and/or its associates, for any economic and non-economic losses due to bodily injury, death,
property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of KTR
FARMS, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of
KTR FARMS.

WARNING: UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE
FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12,
TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS,
RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT
ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER (Parent must sign for rider 17 & under.) DATE _____

SIGNATURE OF PARENT, or GUARDIAN for _____
(Please print)

DATE _____

Address in full: _____

Home Phone #: _____ Bus. Phone #: _____