



## Field of Dreams

### EQUINE LIABILITY RELEASE FORM

The following waiver is required according to Ohio Revised Code section 2305.321 and must be completed by every participant or by the parent or guardian of any child under the age of 18 in order to participate in an equine related activity at *Field of Dreams* or with *Dreams on Horseback*. According to Ohio law, no one will be able to participate in any *Field of Dreams* or *Dreams on Horseback* activity without providing a completed release form.

Participants over the age of 18 may waive the requirement to wear a helmet by signing below. All children must wear a riding helmet in order to ride a horse.

I understand the dangerous nature of a horse outlined below and have been advised that I should wear a helmet for my safety. I waive the requirement to wear a helmet and assume all responsibility for any injuries I suffer as a result of any accident occurring at *Field of Dreams* or in a program with *Dreams on Horseback*.

\_\_\_\_\_  
Signature of participant over 18 years of age

\_\_\_\_\_  
Date

Pictures may be taken during this equine activity. By signing this waiver, I agree that pictures of my children may be used by *Field of Dreams* or *Dreams on Horseback* only for marketing purposes.

A parent or guardian may complete a single form for multiple dependents.

Rider Name	Age	Does this rider have a physical or mental condition which may affect his/her safety and ability to ride a horse of which we should be aware?
		Yes    No    (Circle one and describe below)

According to Ohio law, *Field of Dreams*, *Dreams on Horseback*, their employees, horse owners, or boarding horse owners or any other person acting as an agent of *Field of Dreams* or *Dreams on Horseback* is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that results from an inherent risk of an equine activity. These inherent risks include:

(Parents, guardians, or riders older than 18 must write initials below after reading each section.)

- A. \_\_\_\_ I am aware that the propensity of a horse to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. \_\_\_\_ I am aware of the unpredictability of a horse's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. \_\_\_\_ I am aware that there may be hazards, including, but not limited to, surface or subsurface conditions;
- D. \_\_\_\_ I am aware that there is a risk of collision with another horse, a person, or an object;
- E. \_\_\_\_ I am aware of the risk of the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over a horse or failing to act within the ability of the participant.

I assume any such risk of injury and voluntarily release *Field of Dreams*, *Dreams on Horseback*, their employees, horse owners, boarding horse owners or any other person acting as an agent of *Field of Dreams* or *Dreams on Horseback* from any responsibility that is sustained while participating in an equine activity.

\_\_\_\_\_  
Signature of Guardian (Rider if older than 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

☐ I would like to receive information about future Field of Dreams programs.