



WHITEHAVEN PLANTATION

Route 4, Bishopville, South Carolina 29010
Farm: (803) 428-5656 • Fax: (803) 428-5570

WHITEHAVEN RELEASE AND HOLD HARMLESS

Warning recipient(s) of this form is/are hereby warned as follows:

SECTION I- PROTECTIVE ATTIRE:

- A. PROTECTIVE HEADGEAR- Each horse handler should consider wearing properly fitted and secured protective headgear (equestrian riding helmet), bearing the standard ASTM F 1163 emblem. Wearing of such headgear while driving, riding, mounting, or dismounting and being around horses, may prevent or reduce the severity of some head injuries and may even prevent death as the result of a fall and/or other occurrences. Any one riding a Whitehaven owned horse MUST wear an ASTM approved riding helmet
- B. FOOT PROTECTION- Horse handlers, drivers, and riders should wear hard, smooth-soled Western or English riding boots with a heel (and socks) to provide protection for the feet in the event that a horse steps on a foot, and also to assist in preventing the foot from slipping all the way through the stirrup and becoming caught while riding, mounting, dismounting, and/or other occurrences. Soft socks provide additional against chafing and allow for easier removal of the foot from the boots.
- C. CLOTHING- Horse haulers, riders, and drivers should wear long pants to protect legs, and riders should also consider wearing equestrian pants, breeches or jodhpurs with leather knee/calf patches, or chaps or other leggings that provide inner leg grip and added stability in the saddle.

SECTION II- INHERENT RISKS

- A. NATURE OF THE SPORT- Horseback riding and driving are classified as RUGGED ADVENTURE RECREATION SPORT ACTIVITY, and there are numerous obvious and non-obvious inherent risks always present in such activities despite all safety precautions. No horse is a completely safe horse. Horses are 5-15 times larger, 20-40 times more powerful, and 3-4 times faster than a human. If a rider falls from a horse to the ground it will generally be a distance of 3.5 to 5.5 feet, and the impact may result in injury to the rider. Horseback riding/horse driving is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, each having a limited understanding of the other. 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 direction or speed at will; shifting its weight from side to side; bucking, rearing, biting, kicking, or running from what it perceives as danger.

Dedicated to the breeding of straight Egyptian Arabians.

SECTION III- GENERAL RELEASE—PLEASE READ CAREFULLY

Being aware of the inherent risks that naturally occur in any equine activity, I/We hereby agree to assume ALL responsibility and risk from the use of riding horses and facilities, for lessons or practice, from any farm used as a practice arena for _____, or for any injuries or death resulting from employment at Whitehaven Plantation, and further agree to hold harmless the owners of said farm, club officials, teachers, trainers, or agents free from all damages or liability for any injury to person or property arising as a result of employment at said farm.

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.

SIGNATURE OF APPLICANT (if over 18): _____

Print Name: _____

SIGNATURE OF PARENT (for minor under 18): _____

Print Name: _____

SIGNATURE OF PARENT (both must sign): _____

Print Name: _____

DATE: _____

SECTION IV- CONSENT TO EMERGENCY MEDICAL, DENTAL , OR SURGICAL TREATMENT FOR A MINOR CHILD

(My name) _____, I am the mother, father, or legal guardian (circle one) of _____. I hereby give my consent to medical treatment that is necessary to save the life of the minor child named above.

Signed: _____ Date: _____

SECTION V—INSURANCE INFORMATION & EMERGENCY CONTACTS

Insurance Company: _____ Phone: _____

Policy # _____

Home Address: _____ Phone # _____

Rider's Birth date: _____

Work Phone # _____ Cell Phone or Beeper # _____

Workplace: _____

Email Address: _____

In the case of an emergency, please contact one of the following:

NAME	RELATION	PHONE NUMBERS
_____	_____	_____
_____	_____	_____

In case of emergency, I prefer that I or my child (circle one) be taken to the following hospital (if none listed, will be taken to the closest available hospital):

SECTION VI- RULES

1. I HAVE RECEIVED A COPY OF THE BARN RULES. I HAVE READ AND UNDERSTAND THEIR IMPORTANCE. FAILURE TO ABIDE BY THE BARN RULES AMY RESULT IN BEING ASKED TO LEAVE THE FARM.
2. I HAVE WATCHED THE VIDEO "EVERY TIME, EVERY RIDE" AND UNDERSTAND THE IMPORTANCE OF WEARING HELMETS.
3. I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED. I ALSO UNDERSTAND THAT WHITEHAVEN REQUIRES 24 HOUR NOTICE FOR CANCELLED LESSONS, AND THAT I WILL BE RESPONSIBLE FOR PAYMENT IF LESSON IS NOT CANCELLED WITHIN A REASONABLE AMOUNT OF TIME. THERE IS A \$30 RETURNED CHECK FEE.

NAME OF APPLICANT: _____

SIGNATURE(S): _____

(Both parents must sign if applicant is under 18)

PRINT PARENTS' NAMES: _____

DATE: _____