

**Triton Stables, Inc**  
**Release and Hold Harmless Agreement**

NAME \_\_\_\_\_ IF MINOR INDICATE AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

ACTIVITIES IN WHICH INVOLVED (CHECK):

BOARDING \_\_\_\_\_ LESSONS \_\_\_\_\_ SHOWS \_\_\_\_\_ CLINICS \_\_\_\_\_

CAMP \_\_\_\_\_ OTHER ACTIVITIES (INDICATE ACTIVITY) \_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, included but not limited to bodily injury and physical harm to horse, rider and/or spectator. Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

In consideration therefore, of the privilege of riding and/or working around horses, the Undersigned does hereby agree to hold harmless and indemnify Triton Stables, Inc, Shepherd Welles, Ellen Welles, Paul Welles, their agents and employees (hereafter "the Indemnitees") for any loss or damages incurred by the Indemnitee(s) as a consequence of the Undersigned's riding or working around horse(s) at the premises of Triton Stables, Inc. (Hereafter "the Premises"). The Undersigned agrees to further release the above mentioned from any liability of any kind (including costs of defense) or responsibility for accident, damage, or illness to the Undersigned to the Premises.

In the unexpected event of a medical emergency, the employees or agents of Triton Stables, Inc. have permission to seek and authorize medical attention and services for the Undersigned or any horse owned by the Undersigned.

Nothing herein shall be construed so as to obligate Indemnitee(s) to allow the Undersigned to continue riding or working around horses on the Premises without the express consent of the Indemnitee(s).

\_\_\_\_\_(SEAL) \_\_\_\_\_(DATE)  
SIGNATURE

\_\_\_\_\_(SEAL) \_\_\_\_\_(DATE)  
PARENT/GUARDIAN (IF MINOR)