



**Stable Life Equine Assisted Recreation Liability Waiver/
Informed Consent Form**

I, _____, have enrolled in the Equine Assisted Recreation program offered through **Stable Life, Inc.**

I recognize that there are potential risks inherent in equine activities, including the propensity of an equine to behave in dangerous ways which may result in injury. I also understand that it is impossible to predict an equine's reaction to sound, movements, objects, persons, or animals. In addition, I understand that there is an inability to predict the hazards of the surface or subsurface conditions.

I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by **Stable Life, Inc.**

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program. These injuries may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

In consideration of my participation in this program, and in accordance with the Equine Activity Liability Act of the Georgia Assembly, I, _____, hereby voluntarily release **Stable Life, Inc.**, its owners, officers/directors, employees, agents, affiliates and successors and contract personnel from any and all claims, causes of action for damages, judgments, expenses and attorney's fees that may arise in any way from my participation in the StableFit program. I, _____, further release **Stable Life, Inc.** from any liability or responsibility for accident, injury, or illness to the undersigned or their family members or spectators accompanying them.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE.

_____ (Client/Participant's signature)

_____ (Signature of parent or guardian if applicable)

_____ (Witness) _____ (Date)