

CHASING LAURELS 2025
EQUINE RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name: _____

Address: _____

Telephone: _____

I hereby enter into this agreement in consideration of access to the property and services provided through Chase Corley &/or Chasing Laurels at any location. Including but, not limited to River Ridge Ranch 7820 SE Vandalia Drive Runnells, IA 50237; all state, county, and local parks; etc... Chasing Laurels mailing address is PO Box 41523, Des Moines, Iowa 50311

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS. THIS INCLUDES THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE. WHETHER IT ARISES OUT OF SIMPLY BEING ON THE PROPERTY OR YOUR OR THE PARTICIPATION WITH A HORSE AND/OR EQUINE ACTIVITIES WITH *CHASING LAURELS* OR PERSONAL HORSE. THIS INCLUDES INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR *CHASING LAURELS*.

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- **Bites, kicks, abrasions or contusions from horses.**
- **Being thrown or bucked off by horses.**
- **Scratches or other injury from stalls or enclosures.**
- **Scratches or other injury from grooming tools and other equine equipment and tack.**
- **Allergic reactions to animals, hay, or other allergens.**
- **Tripping in holes or on materials or equipment.**
- **Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.**

(Initial) _____

I hereby specifically forever waive and release *Chasing Laurels* and its principals, agents, and property owners, from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of *Chasing Laurels*, its principals and agents. This includes for off site activities such as trail rides or events off property.

(Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent with *Chasing Laurels*, there will not be a nurse on the premises and *Chasing Laurels* and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless *Chasing Laurels* and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation *Chasing Laurels* or any acts or omissions *Chasing Laurels* principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities with *Chasing Laurels*, without restriction, without liability to *Chasing Laurels*, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) _____

If I am present at and participate in the activities with *Chasing Laurels*, I do so at my own risk, and I hereby acknowledge and agree that *Chasing Laurels* and/or any of its property owners, principals, and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation with *Chasing Laurels*.

Name: _____

Address: _____

Phone Number: _____

Date: _____

Participant's Signature (Guardian of Minor): _____

Emergency Contact Name: _____

Emergency Contact Number: _____