**Horseback Riding Release of Liability, Waiver of Claims, and Assumption of Risk Agreement**

**Location**: Santa Monica Mountains, California

**Organizer/Provider**:The Quiet Warrior Training founder Alexander von Glasow

**Contact Information**: 10500 Yerba Buena 90265 Malibu, CA

Cell;(310-968-78-63) Email; Aki@maliwumustangs.com

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Horseback Riding Release of Liability, Waiver of Claims, and Assumption of Risk Agreement (“Agreement”) is entered into by and between the undersigned participant (“Participant”) and Maliwu Mustangs (“Provider”), its owners, agents, employees, volunteers, and affiliates.

**1. Acknowledgment of Program Details**

I, the undersigned, understand that the horseback riding experience provided by Maliwu Mustangs follows a specific safety protocol designed to ensure the safety of both riders and horses. This protocol includes:

• A 30-minute safety program to warm up horses and riders, ensuring physical preparedness before mounting.

• Riding bareback with mandatory safety gear, including a helmet and back protection.

• Navigating trails with steep slopes and potential obstacles, such as branches or uneven terrain.

• A thorough introduction to proper bareback riding techniques, including how to sit correctly, dismount or fall safely, and lead the horse.

• Instruction on teaching horses to yield to commands and developing skills as a safe leader and rider.

I acknowledge that I have been informed of and understand these protocols and agree to follow all instructions provided.

**2. Acknowledgment of Horse Background**

I acknowledge that the horses used in this program have been tamed from a wild or feral background. While these horses have been rehabilitated and trained by Maliwu Mustangs, their wild origins may contribute to unpredictable behaviors. I understand that riding these horses requires strong attention, skill, and caution.

**3. Acknowledgment of Rider Experience Requirement**

I confirm that I am an experienced rider with sufficient skills to participate safely in this bareback riding program on trails. I understand that this Agreement specifically applies to experienced riders, though some activities may accommodate less experienced riders under specific conditions. I certify that my riding experience meets the requirements for this program.

**4. Assumption of Risk**

I acknowledge that horseback riding, particularly bareback riding on trails with wild-trained horses, involves inherent risks, including but not limited to:

• Unpredictable horse behavior, such as reactions to sudden movements, sounds, or environmental stimuli.

• Natural hazards on trails, including steep slopes, uneven terrain, low-hanging branches, and other environmental conditions.

• Risks of injury from falling, dismounting, or being thrown from the horse.

• Risks associated with equipment, including potential failure of helmets or back protection.

I voluntarily assume all risks associated with participation in this activity, whether known or unknown, and accept full responsibility for any resulting injuries, damages, or losses.

**5. Waiver of Liability**

In consideration of being permitted to participate in horseback riding activities, I hereby release, waive, discharge, and covenant not to sue Maliwu Mustangs, its owners, agents, employees, volunteers, and affiliates from any and all liability, claims, demands, or causes of action for any loss, damage, injury, or death arising from my participation, whether caused by negligence, breach of contract, or otherwise.

**6. Indemnification**

I agree to indemnify, defend, and hold harmless Maliwu Mustangs, its owners, agents, employees, volunteers, and affiliates from any and all claims, demands, damages, costs, or expenses, including legal fees, arising from or related to my participation in horseback riding activities.

**7. Medical Treatment**

In the event of an injury or emergency, I authorize Maliwu Mustangs to secure medical treatment deemed necessary for my safety or well-being. I agree to assume all costs associated with such medical treatment and care.

**8. Protective Equipment**

I understand that wearing a helmet and back protection is mandatory for participation in this program. I agree to wear the provided safety gear at all times during the activity and to follow all instructions regarding its proper use.

**9. Photography Release**

I consent to the use of photographs, videos, or other media taken during horseback riding activities by Maliwu Mustangs for promotional, educational, or other purposes, without compensation.

**10. Participant’s Certification**

I certify that:

• I am an experienced rider with the necessary skills to participate in bareback riding on trails.

• I am physically fit and capable of participating in horseback riding activities.

• I have no medical conditions that would impair my ability to ride safely, or I have disclosed any relevant medical conditions to Maliwu Mustangs.

• I have read and understand the terms of this Agreement and agree to abide by all rules and instructions provided by Maliwu Mustangs.

**11. Minor Participants**

If the Participant is under 18 years of age, the undersigned parent or legal guardian consents to the minor’s participation in the horseback riding activities and agrees to be bound by the terms of this Agreement on behalf of the minor.

**Participant Information**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is a Minor**

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_