

# WHISTLE STOP STABLES GENERAL RELEASE AND WAIVER FORM

Please fill out this form completely:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Horse you are riding \_\_\_\_\_

STATE OF SOUTH CAROLINA COUNTY OF CHARLESTON;  
Release and Waiver

I \_\_\_\_\_ understand that participation in riding instruction and related activities is a high risk undertaking and that I am voluntarily participating at my own risk. In consideration of being permitted to ride and/or participate in riding instructions, I hereby release and forever discharge WHISTLE STOP STABLES, TARA OSMENT, SCOTT OSMENT and their employees, their heirs, administrators and executors of and from any and every claim, demand, action or right of action, of whatever kind or nature arising from or by reason of any bodily injury, death or property damage resulting or to result from accidents which may occur as a result of participation in riding instructions or related activities whether by negligence or not.

I further release WHISTLE STOP STABLES, TARA OSMENT and SCOTT OSMENT from any claim whatsoever on account of first aid treatment or service rendered me during my participation in riding.

**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.**

I further state that I have carefully read the foregoing release and S.C. law, know the contents thereof and sign this release and waiver of my own free act.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_(signature)

\_\_\_\_\_  
(signature of parent or guardian if rider is under 18 years of age)