



SUNY Cobleskill Equestrian Programs

Assumption of Risk and Release of Claims

Upon entering SUNY Cobleskill Equestrian Facilities, the undersigned assumes the risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to the participant, spectator and horse.

I understand that horseback riding and all horse-related activities will expose me to above normal risks. I also understand that horses possess a range of temperaments and that even the most docile horse is unpredictable.

I agree that I am responsible for my own safety and I agree to accept all responsibility for myself. I also hereby agree to abide by all SUNY Cobleskill facility rules.

In consideration of being permitted to participate in the SUNY Cobleskill Equestrian Programs, I agree, on behalf of myself, my family, heirs, and personal representatives, to assume all the risks and responsibilities of my participation in the program. I acknowledge that I am at least 18 years of age and fully competent (or, if not, my parent or guardian is also signing). I have been fully and completely apprised of the actual and potential risks inherent in these activities. These include the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming such risks.

To the maximum extent permitted by law, I release and indemnify the State of New York, the State University of New York, SUNY Cobleskill, and their officers, employees, agents and volunteers, from and against any present or future claim, loss or liability to myself or any other person, during or as a result of my participation in the SUNY Cobleskill Equestrian Programs.

Special COVID-19 provisions

In consideration of the specific risks of contracting the COVID-19 virus while participating in the SUNY Cobleskill Equestrian Programs, I agree to abide by the attached guidelines/protocols and

1. I agree that before arriving at the facility, I will review the daily COVID-19 screening questions and I will be honest in responding to them.
2. I agree that anyone accompanying me will also be required to follow the protocols described in the above-mentioned guidelines and will follow SUNY Cobleskill social-distancing guidelines.
3. I agree that anyone unable to comply with the guidelines/protocols will be asked to wait to participate in the Program until the COVID-19 crisis has ended.

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Authorization for Emergency Care:

My signature below gives my consent (or my consent for my child, if under age 18) to participate in horse activities at SUNY Cobleskill. I agree that any injuries incurred will be covered by my own insurance coverage. I understand that in the event of an emergency, the contact numbers listed below will be called by SUNY Cobleskill staff. In order to meet legal requirements, I hereby authorize representatives of SUNY Cobleskill to give consent for any necessary emergency medical care for the participant named above while participating in horse-related activities at SUNY Cobleskill.

Emergency Contact Information:

Name 1: _____ Phone: _____

Name 2: _____ Phone: _____

I ACKNOWLEDGE THAT I HAVE READ AND I UNDERSTAND THIS AGREEMENT.

Dated: _____

Print Name

Signature

Dated: _____

Parent/Guardian Name (if participant is under 18)

Signature