

HOLD HARMLESS AGREEMENT

West Georgia Balloon and Party /Unicorn/Pony Parties

The UNDERSIGNED assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. The UNDERSIGNED does hereby agree to hold harmless and indemnify West Georgia Balloon and Party and further releases them from any liability or responsibility for accident, damage, injury to the UNDERSIGNED or to any horse owned by the UNDERSIGNED.

WARNING

UNDER GEORGIA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

By signing this document I _____ state that I: Have read the GEORGIA EQUINE LIABILITY LAW, and that I shall not hold **West Georgia Balloon and Party** or its employees, any other owners, agents, 3rd parties or volunteers harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the contracted attraction (aka horses, barn, chicken, dogs, cats or pony rides, etc...), any equine activity, any horse, pony or animal on the property belonging to me, anyone living at, visiting or boarding at the property. As for consideration for my visiting the facility/WGBAP/horses or property, I assume any and all risk of damage to property, animal, myself, or anyone visiting the facility with me. I understand that horses and other animals may bite, strike and etc. which can cause injury or death. I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless West Georgia Balloon and Party from any and all liability, claims, demands, causes or rights of action whether personal to me or to a third party, which are in any way connected with participation in this activity, including those allegedly attributable to negligent acts or omissions.

Medical Permission In the event Rider is a minor, the undersigned, on behalf of said minor, does hereby consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. The undersigned acknowledges that this consent to medical treatment is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage West Georgia Balloon and Party its employees, or any hospital staff and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned also agrees to pay all fees and expenses of doctors, hospitals, ambulances, and other medical expenses.

Date: _____

Name of Rider: _____ Age of rider: _____

Please print name Parent or Legal Guardian: _____

Signature of Rider or responsible party: _____

Phone: _____

Contact in case of emergency _____

Phone: _____