

Personal Liability Waiver & Release Form

Daars North Horsemanship

Chris Brady — 3 Star Parelli Professional & Horse Development Specialist

Sarah Brady — 3 Star Parelli Professional

PARTICIPANT LIABILITY WAIVER, RELEASE & ASSUMPTION OF RISK

I, the undersigned, understand and acknowledge that participation in horse riding, groundwork, horsemanship training, handling horses, and related equestrian activities involves inherent risks, including but not limited to:

- Falls from horses
- Kicks, bites, or other unpredictable behaviour from horses
- Injury caused by equipment failure or tack
- Injury arising from riding arenas, fields, yards, trailers, or surrounding environments
- Serious injury, permanent disability, or death

I understand that horses are unpredictable animals and that equestrian activities carry risks regardless of the level of instruction, supervision, or safety precautions taken.

By signing this agreement, I voluntarily choose to participate in activities organised, instructed, or facilitated by **Chris Brady and Sarah Brady, trading as Daars North Horsemanship**.

RELEASE OF LIABILITY

In consideration of being permitted to participate in any activity at or through Daars North Horsemanship, I agree to the following:

1. I fully assume all risks associated with participation in equestrian activities.
2. I release, waive, discharge, and hold harmless:
 - Chris Brady
 - Sarah Brady
 - Daars North Horsemanship
 - Property owners, employees, assistants, volunteers, and representatives

from any and all claims, demands, actions, damages, losses, costs, or expenses arising from injury, death, loss, or damage sustained by me, my child, my horse, or my property, whether caused by negligence or otherwise, to the fullest extent permitted under Irish law.

3. I understand that I am responsible for ensuring that:
 - I am physically capable of participating safely
 - My horse is fit, healthy, and suitable for participation
 - All tack and equipment used is safe and in good condition
4. I agree to follow all safety instructions and yard rules given by Chris Brady, Sarah Brady, or their representatives.
5. I understand that protective riding headgear complying with current safety standards is strongly recommended at all times while mounted.

MEDICAL CONSENT

In the event of an accident or medical emergency, I authorise Daars North Horsemanship to seek emergency medical treatment on my behalf if necessary.

I understand that I am responsible for any medical or related expenses incurred.

PARTICIPANT DETAILS

Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name & Number: _____

HORSE DETAILS (If Applicable)

Horse Name: _____

Owner of Horse: _____

DECLARATION

I confirm that:

- I have read and understood this Liability Waiver & Release Form.
- I understand the risks involved in equestrian activities.
- I sign this agreement voluntarily and of my own free will.

Participant Signature

Signature: _____

Name (Print): _____

Date: _____

FOR PARENTS / GUARDIANS OF MINORS

I am the parent/legal guardian of the participant named above and consent to their participation under the terms of this agreement.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Daars North Horsemanship

Chris & Sarah Brady — 3 Star Parelli Professionals
Kilmore, Daars North, Sallins, Co. Kildare, Ireland.