



# FERRANTE RANCH

PERFORMANCE HORSES

## RELEASE, INDEMNITY AGREEMENT AND ASSUMPTION OF RISK ACKNOWLEDGEMENT

The undersigned in consideration for use of the premises at 7690, 7692 and 7694 Bradley Rd. Somis, California and for boarding, training, sales or riding does hereby consent to acknowledge, release and agree to indemnify Kathleen Ferrante-Cardillo, Michael Cardillo, Kimberly Ferrante, Josie Ferrante, Catherine Hill, Ferrante Ranch (hereinafter collectively and individually "Ferrante Ranch"), and their employees, agents and guests from any liability arising from alleged tortuous conduct and represent and understands that:

I recognize that horses, horse activities, cattle and any combination thereof are inherently dangerous and are likely to cause grievous personal injury or death to me as an individual and / or to my horse. I voluntarily and with full knowledge of the above risk of injury, death or damage, wish to voluntarily assume them and the danger they impose on me.

I release Ferrante, its directors, officers, employees, agents or guests on its grounds from any alleged liability occasioned from injury, death or damage to me or death, injury or damage to my horse(s) from negligent action or inaction while I participate or spectator at any horse activity, event or competition.

I agree to indemnify and defend Ferrante, its directors, officers, employees, agents, members or guests thereon from any and all liability including judgments or settlements, expense or cost, including attorney fees, as a result of negligent action or inaction alleged to have been committed by or to me and or death, injury or damage to my horse(s) while on its premises.

I fully understand and acknowledge, agree and consent that the provisions of this agreement will apply to my heirs, assignees, or any person seeking legal redress on my behalf. Further, that this document will remain in full force and effect until I submit an executed written revocation of it to Ferrante Ranch.

I have fully read and understood each of the above paragraphs and voluntarily agree to abide by and acknowledge them. I further understand that nothing stated to me orally or electronically shall be used to contradict, vary or alter the agreements, acknowledgments and consents expressed herein by me.

**Printed name of rider(s)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**ICE Contact/Guardian** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Boots are required to ride**

## **SAFETY REGULATIONS**

I agree to adhere to and be responsible for my family or guest(s) adhering to the following rules of Ferrante Ranch:

1. All dogs must remain on a leash.
2. No smoking in stables, around shavings, hillsides, or trails.
3. All stall doors, corrals and pasture gates are to be closed when not in use.
4. Only Ferrante personnel are to feed horses.
5. Motor vehicles are not allowed within the stable facilities, except when loading and unloading. A parking lot is provided for all vehicles. All vehicles must drive 10 mph while on the ranch.
6. All young children are to be kept under close supervision by a guardian. Parents must be present for all children under the age of 16. Parents are encouraged to attend the lesson.
7. All riding guests of Ferrante clients must sign our release of liability waiver before riding. Clients will be responsible for their guest(s).
8. All minor children must have a parent or guardian sign a waiver and fill out all emergency information before a child is allowed to ride.
9. Helmets are required for all riders under the age of 18, unless a parent.
10. Proper riding boots are required for all riders.
11. Riders are not to work or move cattle without being accompanied or given permission by Ferrante Ranch personnel.

## **SERVICE FEES**

It is understood that in addition to the ranch service fees, Ferrante Ranch may provide from time to time additional services for which an appropriate charge will be exacted.

Prices are subject to change due to supplier increases. This can be with or without notice.

Payment of the monthly service fees is due in advance on the first of each month. Any monthly service fee payment not received by the 5th of said month shall be subject to a late fee of \$30.00. Having read and understood the foregoing, it is hereby declared that this release and authorization is executed voluntarily and in consideration of my being allowed ranch services at and use the related equestrian facilities of Ferrante Ranch.

**Date** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

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

## Horse Information/Health Record

Name of Horse: \_\_\_\_\_

Name of Owner : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registered Name of Horse: \_\_\_\_\_

Breed: \_\_\_\_\_ Year Foaled: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Brands: \_\_\_\_\_ Scars: \_\_\_\_\_

If a Stallion or Mare, has the horse ever been collected/bred/carried etc.? \_\_\_\_\_

\_\_\_\_\_

Intended Use: \_\_\_\_\_

Type of Training Horse is here for: \_\_\_\_\_

Preferred Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Shoer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Horse Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Special Feed Needed: \_\_\_\_\_

\_\_\_\_\_

Any Special Care Needed: \_\_\_\_\_

\_\_\_\_\_

Any Special Shoeing: \_\_\_\_\_

\_\_\_\_\_

Any Known Vices/Behavioral Problems (cribbing, weaving, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the Horse ever Bucked, Reared, Striked or Bit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Horse Information/Health Record cont.**

Any Known/Past Injuries: \_\_\_\_\_

Any Known/Past Illnesses: \_\_\_\_\_

Last date of shoeing and type: \_\_\_\_\_

Last date teeth checked: \_\_\_\_\_ Date floated: \_\_\_\_\_

Last date of dewormer and type: \_\_\_\_\_

Last date of injections and type: \_\_\_\_\_

Last date of Adequan, Legend, etc.: \_\_\_\_\_

Has horse ever been treated for ulcers? If so, when?: \_\_\_\_\_

Has horse ever received psyllium (sand clear) treatment? If so when?: \_\_\_\_\_

Last date of vaccinations: TET: \_\_\_\_\_ EWV: \_\_\_\_\_ Rhino: \_\_\_\_\_

Flu: \_\_\_\_\_ West Nile: \_\_\_\_\_ Rabies: \_\_\_\_\_ Strangles: \_\_\_\_\_

Any other vaccines: \_\_\_\_\_

Any reactions to any vaccines? \_\_\_\_\_

Any other information: \_\_\_\_\_

Do you authorize Ferrante Ranch personnel to administer life saving medications to your horse if you or your ICE contact is unable to be reached? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you authorize Ferrante Ranch personnel to contact your preferred vet (or our preferred vet as a 2nd choice) if necessary and you or your ICE contact is unable to be reached? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

By signing below you as the owner/handler is acknowledging these statements to be true and have filled out this questionnaire to the best of your ability. Withholding pertinent information regarding this horse is considered unlawful and unsafe for Ferrante Ranch staff, clientele and associates.

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

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