



**Equestrian Studies  
Indemnity Agreement**

\_\_\_\_\_ hereby assumes full responsibility for all risks or damages or injuries of any nature, however caused, which may be sustained in connection with the Saturday riding privileges, and hereby indemnifies and releases Averett University, its owners, agents, servants, employees and the Averett Riding Center from any and all claims, demands or suits for liability or injury on account thereof.

The undersigned agrees to read and follow all rules and regulations concerning extra riding including weekend riding.

The undersigned realizes that riding is a risky sport; that there may not be an instructor present during weekend and extra riding and agrees to accept all risks involved. You will be riding at you own risk!

Name of health insurance company

\_\_\_\_\_

Policy number \_\_\_\_\_

Birth date \_\_\_\_\_

Name and number of person to call in case of emergency

\_\_\_\_\_

\_\_\_\_\_

Signature of student

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Father \_\_\_\_\_

Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

**Warning**

**Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statues.**

## Averett University Equestrian Studies Program Indemnity Agreement

1. \_\_\_\_\_, the undersigned parent or guardian and  
parent or guardian  
\_\_\_\_\_, a student enrolled in Averett  
student's name

University's course of Equestrian Studies, hereby agree, authorize and permit such student, at his/her sole risk and expense, to participate in such University's Equestrian Studies Program, being cognizant and aware of all dangers necessarily connected with and attendant to such program, including but not limited to:

(check where appropriate)

Riding     Yes     No      Jumping     Yes     No  
 General Horsemanship Training     Yes     No  
 Other off-campus Show/Event Activities     Yes     No

2. The undersigned hereby assumes full responsibility for all risks or damages or injuries of any nature, however caused, which said student may sustain in connection with the Averett University Equestrian Studies Program, and hereby indemnifies and releases Averett University, its owners, agents, servants, employees and the Averett Riding Center from any and all claims, demands or suits for liability brought by or on behalf of such student for any such damage or injury on account thereof.
3. Said student is covered by health insurance with

\_\_\_\_\_ with a policy number of \_\_\_\_\_ and will continue to be so covered  
name of insurance company  
policy number

during the duration of the student's participation in the Averett University Equestrian Studies Program, or, in the alternative, will allow the Averett University insurance agent to arrange coverage at a reasonable expense through the student insurance program for such required hospitalization/health insurance. (applications for such coverage are in Averett University Business Office).

Student's birthday	Signature of Father or Guardian	Date
Please return this and all other forms to: Averett University Equestrian Studies Department 420 West Main Street Danville, VA 24541	Signature of Mother or Guardian	Date
	Signature of Student	Date