NEW TRADITIONS RIDING ACADEMY, LLC · PALOS HILLS RIDING STABLES, INC.

Release, Indemnification & Waiver of Liability

2026/2027 · Revised October 7, 2026 · 10101 S. Kean Ave, Palos Hills, IL · (708) 598-7718 · phrsinc@aol.com

This release is provided in conformity with the Illinois Equine Activity Liability Act (745 ILCS 47, P.A. 89-111), in effect in Illinois since 1995. It is a document a person signs before taking control of an equine from the owner or the owner's agent. A signed release acknowledges that the person is aware of the inherent risks associated with equine activities, is willing and able to accept full responsibility for his or her own safety and welfare, and releases the equine owner or agent from liability unless the owner is grossly negligent or commits willful, wanton, or intentional acts or omissions.

Riding and handling horses can be dangerous. Please initial each paragraph below. This form must be completed and signed before you can receive any training.

1. _____ INITIALS — I affirm that I have read and understood this Waiver completely. By signing below, and by initialing each paragraph, I agree to every term and condition of this Waiver.

2. _____ INITIALS — I wish to receive and participate in the horsemanship/equitation and horseback riding training program provided by NEW TRADITIONS RIDING ACADEMY, LLC and PALOS HILLS RIDING STABLES, INC., an Illinois corporation.

3. _____ INITIALS — **WARNING.** Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for, injury, loss, or damage to person or property resulting from equine activities. Risk of engaging in equine activities means those dangers or conditions that are an integral part of equine activities, including but not limited to: (1) the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of an equine's reactions to sounds, movement, objects, persons, other animals, or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects, and sickness and diseases (including those that are communicable); and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

4. _____ INITIALS — I acknowledge and understand that I may fall off a horse or may be thrown off a horse. I knowingly and voluntarily accept and agree that I will not hold NEW TRADITIONS RIDING ACADEMY, LLC, PALOS HILLS RIDING STABLES, INC., or the instructor liable for my injuries, my own property damage, damage to the property of another, or other loss, or death related to my learning of a new activity as part of my horseback riding training. I understand and agree that an instructor may not be held liable for any injuries that his or her students suffer, as there are inherent risks in equine activities.

5. _____ INITIALS — I am aware and understand that the equine (the horse) may behave in an unpredictable and irrational manner, regardless of its training or past performance. A horse may be hard to handle and can, without warning or any apparent cause, stop short, change direction or speed, shift its weight, buck, stumble, fall, rear, bite, kick, run, spook, jump obstacles, step on a person's feet, push or shove a person, fight with another horse, or make other unexpected or erratic movements. In addition, equipment may fail, and saddles, cinches, and/or bridles may loosen, shift, or break. Any of these conditions may cause serious bodily harm or death. I understand that the hazards and risks above are described as examples only, as there are numerous other hazards and risks inherent in equine activities, including but not limited to non-riding activities such as approaching, handling, leading, or walking near equines, as well as other hazards and/or conditions at the training facility and immediate training area. Furthermore, I understand that the riding arenas, round pens, tack storage areas, and other parts of the facility are working barn areas whose conditions can change throughout the day, and that uneven footing, weather, and other natural or man-made conditions may be present. I expressly release NEW TRADITIONS RIDING ACADEMY, LLC and PALOS HILLS RIDING STABLES, INC. from any liability arising from the condition of these areas, including but not limited to the instruction area, the facility and stable premises, or any natural and/or man-made conditions found at the NEW TRADITIONS RIDING ACADEMY, LLC and PALOS HILLS RIDING STABLES, INC. facility.

RIDER LEVEL ☐ Beginner ☐ Intermediate ☐ Advanced **DAY / CLASS TIME** _____

6 _____ INITIALS

I, on behalf of myself, my family, my heirs, successors and assigns, and anyone claiming any interest through me or on my behalf, knowingly, intentionally, and voluntarily waive, release, indemnify, and agree to hold harmless NEW TRADITIONS RIDING ACADEMY, LLC and PALOS HILLS RIDING STABLES, INC., and their employees, affiliates, shareholders, owners, and/or agents, and all other persons or entities with a property interest, vested or unvested, in NEW TRADITIONS RIDING ACADEMY, LLC, from any such actions, suits, claims, damages, and liability, including attorney fees and costs, that I, my family, heirs, successors, assigns, and anyone claiming interest through me may have for any loss, damage, injury, paralysis, or death to myself or any other person or property arising out of my participation in horseback riding training and related equine activities, and out of my entrance onto and/or use of the equine facility and premises, whether such loss, damage, injury, disease, virus, paralysis, or death results from the negligence of NEW TRADITIONS RIDING ACADEMY, LLC and/or its agents and employees, or from some other cause.

7 _____ INITIALS

I agree to follow any safety policies, warning signs, or rules that I am advised of, either verbally and/or in writing, by NEW TRADITIONS RIDING ACADEMY, LLC and PALOS HILLS RIDING STABLES, INC., and/or their agents. In addition, I understand that I have been advised to wear a horseback riding helmet, and to provide such a helmet for any minor children of mine who take riding instruction from NEW TRADITIONS RIDING ACADEMY, LLC, PALOS HILLS RIDING STABLES, INC., and their instructors. **I acknowledge and agree that this helmet requirement is mandatory.** I voluntarily assume the risk of injury, death, or any other loss if I fail to wear a horseback riding helmet at any time during my training.

8 _____ INITIALS

I certify that I am at least 18 years of age and legally competent to sign this Waiver. **If the rider is under 18, this Waiver must be signed by the rider's parent or legal guardian,** who agrees to every term of this Waiver on the rider's behalf and on his or her own behalf. I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act. If any part of this Waiver is held unenforceable, that part will be stricken and the remainder of this Waiver will continue in full force and effect. This Waiver is to be construed, interpreted, and governed in accordance with Illinois law.

9 _____ INITIALS

This Waiver contains the entire agreement of the parties. No other agreement, statement, or promise made on or before the effective date of this agreement is binding on the parties.

MEDICAL EXPENSES & INSURANCE. Any medical expenses incurred due to any type of accident at New Traditions Riding Academy, LLC are the responsibility of the undersigned through their own insurance carriers. **If you do not have your own insurance, you are not allowed to ride at this facility.** Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in, and the legal responsibility for, injury, loss, or damage to person or property resulting from the risks of equine activity.

Signature

SIGNATURE _____ **DATE** _____

PRINTED NAME OF RIDER _____ **PARENT OR LEGAL GUARDIAN SIGNATURE (REQUIRED IF RIDER IS UNDER 18)** _____

Rider Information

ADDRESS _____ **CITY, ZIP** _____

PRIMARY PHONE _____ **SECONDARY PHONE** _____ **EMAIL** _____

EMERGENCY CONTACT (NAME AND PHONE NUMBER) _____ **HOW DID YOU FIND US?** _____

MEDICATIONS _____ **HEALTH CONCERNS** _____ **ALLERGIES** _____

Your email is used only to send you information and coupons.

NO ALTERATIONS TO THIS FORM WILL BE ACCEPTED. YOU MAY NOT MAKE ANY CHANGES TO THE WORDING OF THIS DOCUMENT.