



# LONGRUN



THOROUGHBRED RETIREMENT SOCIETY

## *Letter of Understanding and Liability Waiver*

Date \_\_\_\_\_

*I, the undersigned, understand that horseback riding and interaction with horses can be dangerous activities and that horses may be unpredictable in nature and action, and that interaction with any horse may result in serious injury or death. Should an injury/death occur while interacting with a LongRun horse (this interaction to include but not be limited to grooming, leading, mounting, dismounting or riding), I shall not hold LongRun, its staff, committee members, directors or foster farm agent(s) responsible and/or liable in any capacity.*

**ALL RIDERS MUST WEAR A HELMET AND PROPER FOOTWEAR.**

*I agree to the above stipulations and accept all consequences and personal liability.*

\_\_\_\_\_  
*Name (please print)*

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

*Please check one: Adoption Candidate \_\_\_\_\_ Foster Farm Staff \_\_\_\_\_*

\_\_\_\_\_  
*LongRun Authorized Agent Signature*