

NAME(S):	
ADDRESS:	CITY, ST, ZIP
Email:	PHONE:
EMERGENCY CONTACT:	PHONE:
Assumption of Risk and Release	
Company, d/b/a Biltmore Equestrian Center ("Biltmore") to paractivities, farm animal activities, and agritourism activities (the enter upon the premises of Biltmore or other premises upon his or her own behalf and as parent and/or guardian acting of dischargers and agrees to hold harmless Biltmore, Biltmore and their respective related companies, shareholders, director the premises on which the equine activities occur, of and from	strian Activities, LLC, and its management agent, the Biltmore articipate in or observe horseback riding lessons or other equine ne "Activities") and in further consideration of receiving permission to which Biltmore's riding lessons may be conducted, the undersigned on n behalf of any minor listed below hereby forever releases, acquits, Farms, LLC (which permits certain Biltmore trail rides on its property), ors, officers, employees and agents, any owners of horses located on m any and all liabilities, claims, loss, damage, illness, injury, or death ile in on or upon the premises of Biltmore or Biltmore Farms, LLC, equine activities.
an equine to behave in dangerous ways that may result in inj sound, movements, objects, persons, or animals: (iii) the poconditions, and notwithstanding these risks, the undersigned	nherent in participation in equine activities including (i) the propensity of jury to the participant: (ii) the inability to predict an equine's reaction to ssibility of equipment failure and (iv) hazards of surface or subsurface desires to engage in or observe equine activities at Biltmore and even loss or injury resulting from the negligence of Biltmore other than
The undersigned hereby acknowledge and executes this Assumption of Risk	es that the undersigned has read the above and Release voluntarily.
Ву:	
Participant Signature/ or Signature of Parent or Guardian of p	person under 18
Print Name of Signer and of any Person under 18 for whom the Signer is Acting	
Date	

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