

**LIABILITY WAIVER**  
**for**  
**Reed Carter, LLC (d/b/a Rockbrook Camp)**

I have read and understand the following provision in Chapter 99E of the North Carolina General Statutes:

**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 ACTIVITY.**

Accordingly, I understand that horseback riding, and other work with or around horses, is an inherently dangerous activity, and I hereby declare that neither I, nor my family nor heirs, will hold the owner, staff, other employees or volunteers at Rockbrook Camp liable for any accident that may result in my injury or death as a result of my participation in horse-care or horseback riding at Rockbrook Camp.

1. This Waiver will be binding on my family, including but not limited to my spouse and children, and any representatives of my Estate. It will continue to be effective unless and until revoked by me in writing to Rockbrook Camp sent by certified mail, effective when received by Rockbrook Camp.
2. I also understand that serious injuries and death sometimes result from riding horses, or being around them, and I assume all risks of injury or death that may result.
3. This Waiver shall be for all types of claims of liability, and it is intended to supplement the limited immunity provided for equine activities under North Carolina law.
4. If I, my family, or other representatives of my Estate sue despite this Waiver, I agree that I, my family, or those representing my Estate will pay Rockbrook Camp – its owner and/or staff or other defendants associated with Rockbrook Camp -- for the attorney's fees and other costs incurred in defending my suit.
5. This Waiver shall not extend to a party inflicting an intentional injury or one guilty of gross negligence to the extent that such a waiver would not be enforceable under North Carolina law.
6. A parent or guardian's signature on this Waiver shall constitute a Waiver of Liability on the above terms on behalf of any children under the age of 18.

Name of Student/Volunteer (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
(or signature of parent/guardian if under 18)

Witness: \_\_\_\_\_ Date signed: \_\_\_\_\_