

Release of Liability

Please carefully read and initial each portion as you approve it.

I _____, am fully aware and fully understand that all horses are

unpredictable and dangerous. I realize that placing my children, or myself in an environment with horses is creating a potentially hazardous situation and personally assume all risks involved for myself, my children, and anyone else I may bring on property.

I understand that handling and riding horses or ponies is a potentially dangerous sport. I am aware that riders may expect to be injured from time to time and I assume all risks of personal injury and/or death as well as property damage and/or loss. I understand that injury and even death from equestrian accidents is possible.

I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and/or ponies and assume all risks involved for myself and my children.

Initial _____

I understand that handling, riding, or jumping horses or ponies and trail riding are each particularly dangerous activities and that serious injury or death of riders or horses is possible and assume any and all risks involved in such activities. I am aware that serious injury or death of my mount is possible when it is handled, trained, or in a lesson and assume all risks involved.

Initial _____

I release Cameron Johnson, High Valley Horses, HVH Training Stables, Jennifer Serpa-Bootow, Prado Park Equestrian Center, each of their owners, trainers, independent contractors, instructors, employees, affiliates, successors, relatives, heirs, assigns and family members from all liability for damage to my property and person including, without limitation, any and all injuries or death of my children, my animals, or myself.

Initial _____

Cameron Johnson, High Valley Horses associates, Jennifer Serpa-Bootow, Prado Park Equestrian Center, their owners, trainers, independent contractors, instructors, employees, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

Initial _____

I understand that I am fully responsible and liable for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about barn/facility rules, safe horse practices, horse's temperament, training, habits, and all risks involved. I am responsible for knowing all rules of the barn and adhering by them. I understand that I am responsible for any injury that may occur to the animal while I am riding, caring for, grooming or otherwise handling it whether during a lesson, with permission, or otherwise.

Initial _____

I hereby acknowledge that I am apprised or am fully aware of all risks of personal injury and/or death as well as property damage and/or loss which may occur in connection with the use of the facilities of the stable and interactions with horses.

Initial _____

I have agreed to assume all risks and have agreed to use said facilities and horses upon my own volition. I voluntarily and expressly assume all risks of personal injury and/or death as well as property damage and/or loss, which may occur in connection with the use of said facilities and/or horses. Thus, I specifically agree with stable, its owners, affiliates, trainers, and their respective shareholders, principals, officers, employees, and agents (and including the successors and assign of each of the foregoing "released parties" herein that I will not hold any of them responsible in any way, and that they are fully and completely released from any liability to me, my children, grandchildren, dependents, successors, and/or heirs.

Initial _____

I have carefully read each paragraph listed above and understand its contents.

Your Full Name (print) _____

(1) Child's/Dependent's Full Name _____

DOB: ____ / ____ / ____

(2) Child's/Dependent's Full Name _____

DOB: ____ / ____ / ____

Street Address _____

City _____ State: _____ Zip _____

Email Address: _____

Phones: (Cell) _____ (Home) _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Signature _____ Dated ____ / ____ / ____