

SHADOW HILLS RIDING SCHOOL
RELEASE AND INDEMNITY AGREEMENT FOR RIDERS AND STUDENTS
(MUST BE COMPLETED BEFORE RIDING)

Date: _____ Name (Please print): _____
(PARENT OR GUARDIAN IF STUDENT(S) ARE UNDER THE AGE OF 18)

1. **LIABILITY RELEASE:** I understand that, except in the vent of Shadow Hills Riding Schools wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on SHRS premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I herby, for myself, my heirs, administrators and assigns release and discharge the owner, operators, and sponsors of SHRS and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

2. I HAVE BEEN ADVISED TO PURCHASE AND WEAR A SAFETY HAT IN AND AROUND STABLES AND ALSO WHILE WORKING WITH OR RIDING HORSES SO AS TO PREVENT HORSE RELATED HEAD INJURIES.

3. I CARRY ACCIDENT MEDICAL INSURANCE NOW IN FORCE (CIRCLE ONE) YES NO

NAME OF INSURANCE CO.: _____

MY POLICY NUMBER IS: _____

4. **WARNING:** RIDER AND/OR PARENT OR GUARDIAN SHOULD BE AWARE THAT HORSES ARE UNPREDICTABLE BY NATURE. WHEN FRIGHTENDED OR ANGRY OR UNDER STRESS, A HORSE'S NATURAL INSTICTS ARE TO JUMP FORWARD OR SIDEWAYS, TO RUN AWAY FROM DANGER AT A TROT OR GALLOP, TO KICK, TO BUCK, TO REAR UP IN FRONT OR TO BITE. HORSES ARE EXTREMELY POWERFUL, AND THAT IF A RIDER FALLS TO THE GROUND, THE FALL DISTANCE WILL BE GENERALLY FROM 3-1/2 TO 5-1/2 FEET. I UNDERSTAND THESE RISKS, AND I VOLUNTARILY ASSUME THESE RISKS AND DANGERS.

5. If riders are under 18 years of age or under guardianship, fill out this section please: (Circle number of hours of riding in last 2 years.)

1:) STUDENT'S NAME: _____ AGE: _____ Under 10 10-20 Over 20

2:) STUDENT'S NAME: _____ AGE: _____ Under 10 10-20 Over 20

3:) STUDENT'S NAME: _____ AGE: _____ Under 10 10-20 Over 20

6. IN CASE OF ACCIDENTAL INJURY, I GIVE PERMISSION FOR THE ABOVE NAMED STUDENT(S) TO BE TREATED BY A DOCTOR OR HOSPITAL EMERGENCY ROOM STAFF. Current insurance information will be provided to attending clinic or hospital.

I/WE PREFER DOCTOR _____ PH.#: _____

SIGNATURE OF PARENT OR GUARDIAN OR OF STUDENT IF OF LEGAL AGE AND NOT UNDER

GUARDIANSHIP: _____

ADDRESS: _____
City State Zip

PHONE #: (HOME) _____ (OTHER): _____
Instructor please initial: _____

STUDENT(S) NAME

(FOR OFFICE USE, LAST NAME, FIRST NAME)