RidgeMar

Riding Instruction and Liability Release

By this agreement, made and entered this (day) _____ day of (month) _____ by and between (your name for billing purposes) _____ who resides at (address) _____ (City, State, Zip) _____ herein referred as "I", and Alison Mundo, Lauren Bradley, Zoe Sanborn and RidgeMar Equestrian Center 13872 Old El Camino Real, San Diego CA 92130, herein referred to as "THIS STABLE."

IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, a student will either ride his or her own horse or school horses provided by THIS STABLE for instruction purposes.

2. That in the last two (2) years, the student has ridden horses (enter name in appropriate space)

a. Less than 10 hours _____ Student's Name _____

b. 10-20 hours _____ Student's Name _____

c. 20 hours or more _____ Student's Name _____

3. The parent or guardian and student understand that horses are unpredictable by nature, that when frightened or angry or under stress, a horse's natural instincts 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. That horses are extremely powerful, and that if a rider falls to the ground, the fall distance will be generally 3-6 feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. The parent or guardian and student understand that upon mounting a horse and taking up the reins, the student is in primary control of the horse, and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees not to abuse, misuse, or deliberately agitate the horse, as these actions may result in increased risk to him or her and others.

5. That I have been advised that students should purchase and wear a certified helmet and to wear it in and around THIS STABLE so as to prevent horse related injuries.

6. LIABILTY RELEASE: That I understand that, except in the event of THIS STABLE'S willful negligence, I am responsible for bodily injury or property damage that I or my child or legal ward should sustain on THIS STABLE'S premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides or similar expedition, 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 from such bodily injury or property damage: and that I hereby, for myself, my heirs, administrators, release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants of liability.

7. That the student is currently covered by medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE. That I further understand that should medical emergency treatment be required, the current insurance information here listed, will be provided to the attending clinic or hospital (on next page)

a. Insurance Company _____

b. Policy Number _____

8. That this agreement is entered into in the State of California, and will be interpreted and enforced under the laws of that state.

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE'S rules. I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

FULL NAME(S) OR STUDENT RIDER(S) IF UNDER AGE OR GAURDIANSHIP

1. _____ AGE _____
2. _____ AGE _____
3. _____ AGE _____

Please list below details of any allergies, ailments, or handicap a student may have, and of which THIS STABLE should be aware.

_____

_____

_____

_____

SIGNATURE OF PARENT OR GUARDIAN

_____

DATE

_____

SIGNATURE OF RIDER (if of legal age and not under guardianship)

CELL PHONE _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____

CELL PHONE _____ OTHER _____

RELATIONSHIP TO STUDENT _____