



Release of Liability

Rider's Name	Date of Birth	M	F
		Sex	
Cell Phone	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Rider's Address	Parent's/Guardian's Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Terms of Agreement

In consideration for allowing myself and/or my minor child to participate in equestrian activities, including but not limited to riding instruction, I agree to this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.**

On behalf of myself and my personal representatives, estate, heirs, assigns, and next of kin, **I DO HEREBY FOREVER RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, SANAA PHARAYRA STABLES, SANAA PHARAYRA, or any of its officers, directors, instructors, principals, agents, employees, or affiliates (hereinafter the "Released Parties") FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, ARISING OUT OF, OR RELATED TO, THE EQUESTRIAN ACTIVITIES THAT I AND/OR MY MINOR CHILD PARTICIPATES IN, ANY TRAINING OR INSTRUCTION I AND/OR MY MINOR CHILD RECEIVES, ARISING OUT OF THE USE OF FACILITY ("SPIRIT EQUESTRIAN") AND/OR EQUIPMENT, INCLUDING THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER ACTIVE OR PASSIVE.**

The undersigned does hereby affirm, acknowledge, and understand that I have been informed that **EQUESTRIAN ACTIVITIES, INCLUDING HORSEBACK RIDING, ARE POTENTIALLY DANGEROUS ACTIVITIES** which involve certain inherent hazards and risks and no amount of care, caution, instruction or expertise can eliminate the inherent dangers.

This Agreement is to be governed by and construed under the laws of the State of California. I expressly waive all rights under **SECTION 1542** of the Civil Code of California and agree to the Release of Liability as stated above.

I HAVE READ AND UNDERSTAND THE FORGOING.

Rider's Signature	Date
Parent's/Guardian's Signature	Date
Witness Signature	Date