



Name of Rider: _____

Dob: _____

Name of Parents: _____

Address: _____

Email: _____

Phone: _____

Riding Experience: _____

Name & phone of physician: _____

Medical Number: _____

WAIVER

I, the undersigned, agree and understand that there are inherent risks and dangers attached with the sport of horse back riding. I agree to assume completely all the risks and dangers associated with the sport. I agree to make no claim against Sarah Champoux, riding instructor and or the property owners of 3230 Palmer Rd. The undersigned rider and or parent/guardian hereby acknowledge to accept all risk of negligence that may arise as a result of participation in equestrian activities, and agree to assume full responsibility for any damage of any nature that may be caused to third parties.

RIDER SIGNATURE (If over 18 years of age): _____

PARENT/GUARDIAN SIGNATURE: _____
