

JAMES WALDMEN CLINIC WILLOWBROOK RIDING CLUB

20555 Mountain View Road, Desert Hot Springs, CA 92241

RELEASE OF LIABILITY FOR INJURY, THEFT, AND PROPERTY DAMAGE

EVERY PARENT, GUARDIAN, OR ADULT STUDENT PLEASE FILL IN THE HIGHLIGHTED AREAS

I, _____, hereby release LoriLea and Donald Franklin, and Willowbrook Riding Club, and any person instructing or giving a clinic with management's permission, or otherwise affiliated with the property commonly known as Willowbrook Riding Club from any and all responsibility for injury to myself, members of my family, or minors under my guidance, jurisdiction, and care, and injury to my horse(s), or damage to or theft of my horse(s) or tack and equipment for any reason. I make this release with the understanding that riding, riding instruction, clinics, and virtually all activities involving horses are inherently dangerous and can result in mishaps, including the possibility of severe injury or death.

I hereby authorize LoriLea and Donald Franklin, and any other person(s) affiliated with Willowbrook Riding Club to provide First Aid or emergency assistance to me, my ward(s), and any member of my family should I, or we be injured on the premises or on trails in the proximity. My preference for medical treatment/facilities **should they be deemed necessary** is:

Physician _____ Medical Ins Company _____ Policy Number _____

In spite of the above preferences, however, I grant discretion to any person, including person(s) affiliated with Willowbrook Riding Club to arrange medical assistance which I take full financial responsibility for, in the most timely and expedient manner.

Student, Rider, Trainee, Clinic attendee covered by this release

_____ Age _____ Height of fences now jumping _____

_____ Age _____ Height of fences now jumping _____

_____ Age _____ Height of fences now jumping _____

I hereby represent and agree that I am an adult student representing myself or a parent of, or duly appointed legal guardian, or person authorized by parents and guardians of all the above to sign on behalf of said parents or guardians in granting this waiver with respect to a minor or minors under the age of 21 years.

YOUR Name (Please Print) _____

YOUR Address _____ ZIP _____

Phone: Home () _____ Business () _____ Cell () _____

Signature _____ Date _____

Email _____

.....

Instruction will be in small groups. All levels welcome: Fence heights will be X-rails to 3'6" for Jumpers, Equitation and Medal Riders. Cost \$125, non-refundable \$50 deposit due by Dec 26

Paid _____ Balance _____