

# 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 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.

### HORSE OWNERS ONLY -- ACCEPTANCE OF LIABILITY FOR INJURY, AND PROPERTY DAMAGE

I \_\_\_\_\_, hereby grant permission for \_\_\_\_\_ to handle and/or ride my horse, and accept full responsibility and liability for personal injury to him or her and any other person, and accept full responsibility and liability for injury to my horse, and any other horse caused, aided, abetted, or as a result of him or her riding or handling my horse. Furthermore, I accept full responsibility and liability for any and all property damage caused by or inflicted as a result of him or her handling or riding my horse.

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.

Students, Boarders, Riders, Trainees, Clinic attendees covered by this release

_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____

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

### TO BE COMPLETED BY INSTRUCTOR

Service to be provided \_\_\_\_\_

Cost of Service \_\_\_\_\_; Method of Payment \_\_\_\_\_

Instructor \_\_\_\_\_ Comment \_\_\_\_\_