Horses In Service Natural Therapeutic Riding Center

Personal / Parent-Guardian Release Agreement

I/We, the undersigned, as Parent/Parents/Guardian/Guardians of _____, a minor, for and in consideration of the agreement of the Horses In Service Natural Therapeutic Riding Center, to provide riding instruction to said minor, do/does hereby forever release, acquit, discharge, and hold harmless the Horses In Service Natural Therapeutic Riding Center and Fox Chase Farm, its officers, directors, board members, agents, owners, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now or in the future have against Horses In Service ~ Natural Therapeutic Riding Center, its officers, directors, board members, agents, owners, employees, representatives, successors, or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor, and the treatment thereof, as a result or, or in any way growing out of the acts of the Horses In Service Natural Therapeutic Riding Center and Fox Chase Farm, its officers, directors, board members, agents, owners, employees, representatives, successors, or assigns, including but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

I acknowledge and understand the risks and potential risks of horseback riding including, but not limited to:

1) The propensity of an equine to behave in dangerous ways which may result in injury or death to the participant or damage to property.

2) The inability to predict an equine's reaction to sound, movement, objects, persons or animals.

3) Hazards of surface or subsurface conditions whether known or unknown. However, I feel the possible benefits to myself/minor child are greater than the risks assumed.

Guardian Name: _____
(Print Parent or Guardian)

Guardian Signature: _____
(If under age 18)

Date: _____ Phone: _____

Guardian Name: _____
(Print Parent or Guardian)

Guardian Signature: _____
(If under age 18)

Date: _____ Phone: _____