

**ELKHORN EQUESTRIAN CENTER
RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AGREEMENT**

I _____ hereby acknowledge my desire and intention to participate in horseback riding, riding lessons, classes, events and other activities at or conducted by **Elkhorn Equestrian Center**.

I fully understand that the following activities, but not limited to, horseback riding, riding lessons, warm-up riding, lunging, leading, handling, and grooming of horses are very dangerous. I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury, including death, to myself and injury/damage to my property.

I HEREBY release, discharge and covenant not to sue Elkhorn Equestrian Center, LLC., or any subsidiary corporation or related corporation of the premises, or the manager, officer, director, agent and employees of any of the above (the "Releasees"), from all liability to me, my respective personal representatives, assigns, heirs and next-of kin from any and all claims, demands, losses or damages on account of any injury, including, but not limited to, death or injury caused or alleged to be caused, in whole or in part, by the Release's.

I hereby release Photo/Video consent to allow my child/ren to be filmed or photographed as part of Elkhorn Equestrian Center's advertisement. Yes _____ or No _____

I have read this Release of Waiver of Liability, Assumption of Risk Agreement, and understand that by signing it I give up substantial rights that I would otherwise have to recover damages for loss occasioned by the Release's' fault, and sign it voluntarily and without inducement.

Print Name of Individual, Parent, or Guardian

**Signature of Individual, Parent, or Guardian
(For all listed below)**

Date:

Guest

Guest

Guest