Acknowledgement of Risk

(Please read Carefully)

I (print name) _____wish to participate in horseback riding and other equestrian related activities with Stable Foundations Equine Assisted Therapy. I fully understand that there is an inherent risk in horseback riding, handling and grooming of horses and other stable activities. I wish to participate in these activities knowing that there are inherent risks. I accept and assume all risk of injury to myself or my property. I represent and warrant that I have the authority to give this release.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make any claims of any kind against Stable Foundations Equine Assisted Therapy, officials, servants, volunteers, employees, representatives, officers and directors for any injury, (including death), to myself or any damage to my property, arising out of my participation in horseback riding or related activities. This Acknowledgement of risk form includes all damages, loss, injury not known, but, may arise in the future.

That I have read and fully understand and agree to the terms and conditions stated herein and it is binding upon my executors, heirs and assigns.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Parents/Guardians must sign if rider is unable to:

Parent/Guardian (print name): _____Date:_____

Parent/Guardian (signature): _____Date:_____