



PLEASE READ BEFORE SIGNING

Equine Activity Act

Each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

Date: _____

I, _____ (student's name, please print), at my own initiative, risk, and responsibility, will be taking horseback riding lessons from the instructors at Huntermark Farm. I understand the risks involved in horseback riding, and I release Huntermark Farm, Richard or Jan Rock, Rachel Robinson, their agents, employees, and all other persons from all claims arising out of this activity or the use of the premises.

I understand that I am required to wear a protective helmet. If I do not bring my own, one will be provided. It is also understood that in the case of injury, the staff at Huntermark Farm has the authority to sign for emergency care. Signatures on this form indicate that each person has read and understands the above.

Signature of student (parent/guardian if under 18): _____

Student's birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

phone numbers: _____

