



EQUESTRIAN CENTERS

INTERNATIONAL

PROPERTY DAMAGE, INCLUDING BUT NOT LIMITED TO, CLAIMS FOR NEGLIGENCE, PAIN AND SUFFERING, WRONGFUL DEATH OR BREACH OF WARRANTY, ARISING DIRECTLY OR INDIRECTLY FROM THE PARTICIPATION BY ME OR MY MINOR CHILDREN IN ANY ACTIVITIES ASSOCIATED WITH THE USE, HANDLING OR RIDING A HORSE.

ON BEHALF OF MYSELF AND MY MINOR CHILDREN, I WAIVE AND RELINGUISH ANY PRESENT OR FUTURE CLAIM AGAINST RELEASED PARTIES FOR ANY LOSS, DAMAGE OR INJURY TO ANY HORSE OR EQUIPMENT, INCLUDING, BUT NOT LIMITED TO, ANY LOSS OR INJURY DUE TO FIRE, THEFT, DISEASE OR ACCIDENT, WHETHER OR NOT THE LOSS, DAMAGE OR INJURY RESULTS FROM THE NEGLIGENCE OF RELEASED PARTIES.

ON BEHALF OF MYSELF AND MY MINOR CHILDREN, I FURTHER AGREE TO PROTECT, HOLD HARMLESS AND INDEMNIFY RELEASED PARTIES OF AND FROM ANY AND ALL COSTS, MEDICAL EXPENSES, ATTORNEY FEES, CLAIMS, DEMANDS, LAWSUITS OR OTHER MONETARY DAMAGES INCURRED BY OR ASSESSED AGAINST RELEASED PARTIES ARISING IN ANY WAY FROM THE USE, HANDLING, RIDING OF A HORSE BY ME OR MY MINOR CHILDREN. I AGREE TO PAY ALL COSTS AND ATTORNEY FEES INCURRED BY RELEASED PARTIES IN CONNECTION WITH ANY LAWSUIT OR LEGAL PROCEEDING WHICH I OR MY MINOR CHILDREN MAY BRING CONTRARY TO THE TERMS OF THE RELEASE AND WHICH IS RESOLVED IN FAVOR OF RELEASED PARTIES OR DISMISSED.

I UNDERSTAND THAT IF I OR MY MINOR CHILDREN INVITE ANY GUESTS TO ENGAGE IN THE USE, HANDLING OR RIDING OF A HORSE, I AM RESPONSIBLE FOR ENSURING THAT ALL GUESTS ARE INFORMED OF THE TERMS OF THE RELEASE AND SIGN A

RANCHO MIRAGE

35050 Via Josefina
Rancho Mirage, CA 92270
(760) 321-2235

Website: www.eqcntrintl.com
E-mail: jumpoff@prodigy.net
FAX: (760) 328-6402



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COPY OF HIS RELEASE BEFORE ENGAGING IN ANY SUCH ACTIVITIES. IF I FAIL TO DO SO, I AGREE TO HOLD HARMLESS AND INDEMNIFY RELEASED PARTIES FOR ANY COSTS AND ATTORNEY FEES INCURRED BY THE RELEASED PARTIES AS A RESULT OF ANY CLAIMS WHICH ARE BROUGHT BY THE GUESTS AGAINST RELEASED PARTIES.

I ACKNOWLEDGE THAT THE TERMS OF THIS RELEASE SHALL BE BINDING UPON THE HEIRS, SUCCESSORS, LEGAL REPRESENTATIVES AND ASSIGNS OF MYSELF AND MY MINOR CHILDREN.

I HAVE CAREFULLY READ AND UNDERSTAND THIS FULL AND FINAL RELEASE AND SIGN THIS RELEASE VOLUNTARILY AND WITH THE FULL KNOWLEDGE AND ACCEPTANCE OF ITS CONTENTS.

DATE _____ SIGNATURES _____
NAME PRINTED _____
ADDRESS _____
STATE _____ ZIP CODE _____
TELEPHONE #'s, HM _____ CELL _____
NAME OF MINOR CHILD/CHILDREN _____

D.O.B. _____ D.O.B. _____
FAMILY PHYSICIAN _____ PHONE _____
PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

EMERGENCY PHONE #'S _____

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