

**Release of Liability For Minors
Santa Rosa Equestrian Center, LLC, dba The European Pony School**

CHILD'S INFORMATION:

Name: _____ Date of Birth: _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Person to contact in case of emergency (**must list two**):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name and Phone of Doctor: _____

Medical Insurance Company: _____

LIABILITY RELEASE: I hereby acknowledge that I have voluntarily requested participation for my minor child in equestrian related activities, work and/or volunteer activities at Santa Rosa Equestrian Center, LLC and the European Pony School, (collectively, "SREC"). I am aware that horses, by their very nature are unpredictable and may have a propensity to kick, shy, buck, stumble, bolt, rear or display other such unpredictable behavior. I assume all risks in connection with my child handling or riding horses SREC and I expressly waive any claims for injuring or loss arising from my child handling or riding horses at SREC. I am voluntarily allowing my child to participate with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

I hereby release and hold harmless SREC, its employees, independent contractors, volunteers and agree neither I nor my heirs and/or assignees will make claim against, sue, attach the property of, or prosecute any of them for injury to myself, my child, my horse, my property or to anyone else or for damage resulting from the negligence or other acts or omissions however caused, as a result of my child engaging in any equestrian or related activity while at SREC.

I have read this agreement and release, and fully understand its contents. I am aware that this is a release of liability and contract between SREC and myself. I also acknowledge that there are no warranties implied concerning the facilities or the activities at SREC I also acknowledge that I am signing this contract of my own free will.

The undersigned hereby expressly acknowledges and waives any and all rights and benefits conferred upon them by the provisions of Section 1542 of the California Code of Civil Procedure, which provides:

**“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH
THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS
FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF
KNOWN BY HIM, MUST HAVE MATERIALLY AFFECTED HIS
SETTLEMENT WITH THE DEBTOR.”**

Initials: _____

The undersigned hereby acknowledges the foregoing waiver of the provisions of Section 1542 of the California Code of Civil Procedure was separately bargained for; they expressly consent that this Agreement shall be given full force and effect in accordance with each and all of its express terms and provisions, including those terms and provisions relating to unknown and unsuspected claims, demands and causes of action, if any, to the same effect as those terms and provisions relating to any other claims, demands and causes of action hereinabove specified.

I have read this agreement and release, and fully understand its contents. I am aware that this is a release of liability and contract between SREC and myself. I also acknowledge that there are no warranties implied concerning the facilities or the activities at SREC, I also acknowledge that I am signing this contract of my own free will.

_____ **Date:** _____
Signature of Parent or Legal Guardian

MEDICAL RELEASE FOR MINOR:

If emergency care is required for: Child's Name: _____ and permission is not available from a parent or legal guardian in a timely manner, then I, the undersigned, authorize appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it.

_____ **Date:** _____
Signature of Parent or Legal Guardian