

**Release of Liability For Persons On the Premises of the
Santa Rosa Equestrian Center, LLC, dba The European Pony School**

RIDER/HANDLER'S INFORMATION:

Name: _____ Date of Birth: _____

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 to participate in equestrian related activities and/or to be allowed to be on the premises of the 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 being on the premises of SREC and/or my participation in equestrian related activities, including but not limited to handling, riding or observing horses at SREC and I expressly waive any claims for injury or loss arising from my being on the premises, handling or riding horses at SREC. I am voluntarily choosing to be on the premises of SREC 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 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 engaging in any equestrian or related activity, including merely being on the premises of SREC.

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

MEDICAL RELEASE FOR AN ADULT:

If emergency care is required for myself, and if I am not able to convey permission in a timely manner, and an accompanying spouse or relative is unavailable, then I, the undersigned, authorize appropriate medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Signature: _____ Date: _____