



# Diane's Riding Place

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_

I hereby certify that the STUDENT(S) named above is/are in good health. He or She may participate in all phases of this program. If I cannot be reached in case of emergency, I hereby give my consent for emergency medical treatment. I understand this is to prevent undue delay and assure prompt treatment and that only licensed physicians will be engaged for such an emergency.

**RELEASE AND HOLD HARMLESS AGREEMENT:** I assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore for the privilege of riding and or working around horse at Diane's Riding Place, located at 65535 Cline Falls Hwy, Bend Oregon 97703, and the Undersigned does hereby agree to hold harmless and indemnify Diane's Riding Place and/or Diane Schmidt, jointly or separately, and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. This release agreement expressly applies to all claims based on negligence. Also, by signing this agreement, I agree not to make any argument that it violates public policy.

## PARENT/GUARDIAN

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_