



**RELEASE AND RISK AGREEMENT**

I understand that interacting with horses will expose me to above normal risks. These risks include loss of control, collisions, obstacles, and variations in terrain and unexpected actions of horses. I understand I assume all risk of injury to myself. I represent that I have no health or physical problems that will interfere in the activity of interacting with horses.

I agree that *Marie Wallich* individually and doing business as *Hidden Oak Stable*, their employees and agents will not be liable if I suffer injury or death.

I agree that if *Marie Wallich* individually and doing business as *Hidden Oak Stable*, their employees or agents, are sued by anyone else because of claimed conduct of myself, I will indemnify and hold harmless *Marie Wallich* individually and doing business as *Hidden Oak Stable* for all damages and costs.

**I HAVE READ THIS AGREEMENT PRIOR TO SIGNING IT**

Print Name \_\_\_\_\_

Legal Guardian (if under 18 or required) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Mobile, Home): \_\_\_\_\_

Email: \_\_\_\_\_

**IN THE EVENT OF EMERGENCY**

Name(s): \_\_\_\_\_

Relation: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**PERSONAL INFORMATION CONTAINED IN THIS AGREEMENT WILL BE HELD CONFIDENTIAL UNLESS IN EVENT OF EMERGENCY.**