



CHILD RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child, ,
to participate in horseback riding and other activities at the Riding Academy at the Horse Palace.

I FULLY UNDERSTAND AND ACKNOWLEDGE that there are inherent risks, dangers and hazards associated with horseback riding, handling and grooming of horses and other stable activities.

I ASSUME AND ACCEPT all risk of injury or loss to my child or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I agree not to bring any claim, and waive, release and discharge the Riding Academy at the Horse Palace, including their operators, its directors, officers, employees, agents, representatives or anyone acting on their behalf, or guests, including any land owner, land holders or other persons making property available to the Riding Academy at the Horse Palace, for any and all claims or liability for injury or loss to my child, or any damage to my property or loss of any kind whatsoever arising out of my child's participation in the activities at the Riding Academy at the Horse Palace.

I ACKNOWLEDGE reading the above Release and Waiver of Liability, which **I UNDERSTAND.**

I FURTHER ACKNOWLEDGE receiving a copy or having access to this Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Child's Name

Dated