



CHURCHILL CHIMES EQUESTRIAN CENTRE LTD

Agreement for Release and Waiver Liability for a Child

I request permission for my child _____ to participate in horseback riding and other stable activities at Churchill Chimes Equestrian Center.

I fully understand that horseback riding, handling, grooming of horses and other stables activities is a risk and can be dangerous. I wish to allow my child to participate in these activities knowing that they are a risk and can be dangerous.

I accept and assume all the risks of injury (including but not limited to death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my child being permitted to participate in these activities, I release and agree not to make or bring any claim of any kind against Churchill Chimes Equestrian Centre, Owner - Barb Malcolm, her employees and/or staff, for any injury (including death), to my child or any damage to my property, whether from anyone's negligence or not, or any other cause, arising out of my child's participation in these dangerous horseback riding or related activities; and I also agree that if anyone makes claims because of any injury to my child (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Parent Guardian Name (print): _____

Phone Number: _____

Emergency Contact Number: _____

Relevant Health Information (optional) _____

Signature: _____

Dated: _____

: