

Horseback Riding Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Contact Name

Contact Phone

Waiver Agreement

I acknowledge and understand that horseback riding and related activities are inherently dangerous and involve risk of injury and property damage. I release and hold harmless the facility, its owners, instructors, and staff from all liability for any injury or loss that may occur.

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I have read and agree to the terms above.

Signature

Signature

Date

For Participants Under 18

Parent/Guardian Name

Parent/Guardian Signature