

# Horseback Trail Riding Waiver Form

## Participant Information

Full Name

Age

Address

Phone Number

Email

## Emergency Contact

Contact Name

Contact Phone

Relation

## Waiver of Liability

I understand that horseback riding involves inherent risks, including the risk of serious injury or death. I voluntarily assume all risks associated with participating in horseback trail riding activities.

I hereby release and hold harmless the organizers, guides, owners, and affiliates from any and all liability, claims, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating.

By signing below, I acknowledge that I have read, understood, and agree to all of the above.

Participant Signature

Date

## Parent/Guardian Consent (if under 18)

Parent/Guardian Name

Signature

Date