

# Horseback Trail Riding Waiver Form

I understand and acknowledge that participating in horseback trail riding involves inherent risks, including injury or death. I agree to assume full responsibility for these risks. I further release and hold harmless the facility, owners, employees, and agents from any liability arising from my participation.

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## Participant Information

Full Name

Date of Birth

Address

Phone Number

Emergency Contact Name & Relationship

Emergency Contact Phone

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## Health Declarations

Please list any allergies, medical conditions, or medications:

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## Assumption of Risk & Release

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I have read, understand, and accept the terms of this waiver.

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Participant Signature

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Date

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If Participant is under 18:

Parent/Guardian Name

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Parent/Guardian Signature

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Date

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