

**WAIVER OF LIABILITY & LEGAL RELEASE
FOR
EAGLE RIDGE EQUESTRIAN CENTER
15921 NE 91ST ST NE, ARLINGTON, WA 98223**

STATE OF WASHINGTON

COUNTY OF SNOHOMISH

Date ____/____/20

(Please Print Clearly)

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against PAMELA MCMAHON owner of EAGLE RIDGE EQUESTRIAN CENTER, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "The MCMAHON's"), for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless The MCMAHONS or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I understand that horseback riding is dangerous and that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride*. (*Only viable for horses ridden off premises or not under the supervision of trainer or instructors.) I have read and understand this liability release. Date ____/____/____

Print Name

Rider Signature

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

(Signature of Guardian if Rider is a Minor)

Street Address (Please print legibly as we use your address for mail outs)

City St. Zip Ho. Phone of. Phone or cell

E Mail: _____@_____

Please e mail me information regarding activities at EAGLE RIDGE EQ CTR. _____

In Case of Accident Notify: _____ *Phone:* _____

Any Known Allergies or Medical Conditions: