

RNR Stables Birthday Party Registration Form

Requested Date for party: _____ Requested Time: _____

Child's full name: _____ D.O.B _____

Parents or Legal Guardian name(s) (if rider is a minor): _____

Address _____

Phone numbers: Cell: _____ Work _____

Email Address: _____

How many guests will be participating: _____ Will a gas grill be required? Yes / No

While on the property of RNR Stables, all participants must abide by all Rules and Guidelines at all times.

Rules & Guidelines:

- ⌚ No Profanity
- ⌚ No Smoking
- ⌚ No running, screaming or throwing items in barn at any time
- ⌚ Place all trash in trash containers
- ⌚ No alcoholic beverages on property
- ⌚ Do not give treats to any horse unless owner gives permission
- ⌚ No motorized vehicles in barn

I am aware that horseback riding and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained ones, are often unpredictable and are often difficult to control.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST R-N-R STABLES, OR EMPLOYEES OVER WHOSE PROPERTY I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, RNR STABLES, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

WARNING:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES

_____ Date: _____

Participant Signature (or Parent or Legal Guardian if minor)