



Rancho Cielo

Equestrian Facility

UK Equestrian, LLC Release of Liability

Rider Name:	Phone:
DOB:	Alt. Phone
Emergency Contact:	Email:
Address:	

Please read carefully and initial each paragraph as you approve it.

Initial ___ - _____ am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing my children, or myself in a horse stable environment is creating a hazardous situation.

Initial ___ - I realize that professional instruction cannot prevent serious injury or death from working around, handling or riding horses and ponies.

Initial ___ - I understand that jumping horses or ponies is a particularly dangerous activity and that serious injury or death of riders is possible.

Initial ___ - I am aware that serious injury or death of my mount is possible when it is handled, trained, or in a lesson.

Initial ___ - I release UK Equestrian LLC, its owners, trainers and employees from all liability for damage to my property, injuries or death of my children, my animals or myself.

Initial ___ - UK Equestrian LLC, its owners, employees and associates have my permission to initiate emergency first aid treatment for my children, my animals and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

Initial ___ - I understand that I am fully responsible for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all the risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits and for determining that the guest is sufficiently experienced to ride the horse.

I have carefully read each paragraph listed above and understand its contents.

Rider Signature

Parent/Guardian Signature
(required if rider is under 18)

Date