



RIDING INSTRUCTION AND LIABILITY RELEASE

35750 De Portola Rd, Temecula Ca 92592 951-303-8990

By this agreement, made and entered this _____ day of _____ by and between _____ who resides at _____, hereinafter referred to as "I" and Green Acres Ranch, Inc. and or Margaret A. West Rich, 35750 De Portola Road, Temecula, CA. 92592, the facility where the training is being held, and any assistants of Margaret A. West Rich hereinafter referred to as Margaret Rich.

IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student of Margaret Rich, ET AL, and that student will either ride his or her own horse, or school horses provided by Margaret Rich, ET AL, for instructional purpose.
2. That in the last two years student has ridden horses (write in student's name or names beside appropriate riding time):
 - A. Less than 10 hours: _____
 - B. 10 – 20 hours: _____
 - C. 20 or more hours: _____
3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 ½ to 5 ½ feet. I understand these risks, and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that Margaret Rich ET AL is not responsible for the results of the student's action or inactions. The student further agrees to not abuse, misuse, or deliberately agitate the horse as these actions may result in increased risk to himself or others.
5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it is and around the stable so to prevent horse related injuries.
6. LIABILITY RELEASE: That I understand that, except in the event of Margaret Rich, ET AL's wanton and willful negligence, I (am responsible for bodily injury or property damage which I or my child or legal ward should sustain on the stable's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time or my child or legal ward shall lose from bodily injury or property damage; and that I hereby for myself, my heirs, administrators and assigns release and discharge Margaret rich, ET AL, the owners, operators, and sponsors of the stable and their respective servants, agents, officers and all other participants of and from all claims. Demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident medical insurance and will remain insured for the duration of all riding instruction under Margaret Rich ETAL. Name of insurance company is _____ Policy # is _____. That I further

understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

8. That this agreement is entered into in the state of California and will be interpreted and enforced under the laws of that State.

Page 2 – Green Acres Ranch Liability Release

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to Margaret Rich ET AL's rules which are incorporated herein by this reference.

I, the undersigned, being of legal age and of sound mind and not being under the influence of alcohol, drugs, or intoxicants, have read and understand the forgoing agreement and release. I also acknowledge receipt of a copy of this agreement.

Full Name(s) of Student Rider(s) if underage or guardianship.

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____

List below any details of allergies, ailments or handicap a student may have, and of which Margaret Rich ET AL, should be aware.

Parent or Guardian (please print)

Signature

Rider

Signature

Address _____

Date _____

Email Address _____

Home Phone _____

Cell Phone _____