



Waiver of Liability

Chalice Farms/Wilson Residence or Facility
9390 Orchard Ave. SE ❖ Port Orchard, WA 98367
206-718-7662 ❖ lea@chalicehorsefarms.com

WAIVER OF LIABILITY for (including, but not limited to, Arena/Facility usage, riding lessons, clinic participation, and/or training.

The undersigned is aware there are certain risks of injury that necessarily accompany ANY activity concerning horses. The undersigned assumes the risk of ANY injury or damage she/he may sustain while participating in any and all activities held at Chalice Farms/Wilson Residence. The undersigned fully releases all Wilson family members, employees, and contract management from any claim or cause of action which he/she may acquire against them, arising out of the use of Chalice Farms/Wilson facility and/or services provided by the Wilsons, including but not limited to, any claim or cause for action for negligence.

Riders will be accepted for activities involving horses, held at Chalice Farms/Wilson Residence, on the condition that the participant, his/her guardian, and any family, friends, or spectator otherwise associated with, fully understands and acknowledges that being involved with horses can be a hazardous undertaking: that hazards and obstructions exist, including any and all outside influences, falls, local wildlife, other horses, children residing on the property, and insects disturbing the horse, and that kicking, biting, and/or other actions resulting from the unpredictable nature of the horse are common.

This is intended to be and shall be construed as a complete and general release of all claims or causes of action, known or unknown, now existing or arising in the future. This release, when executed by a parent or guardian, shall be binding upon that persons ward or children.

Please print the following info:

Riders Name: _____ Date: _____

Guardian's Name/Signature (if app) _____

Address: _____ City: _____ State/Zip: _____

Phone #: (____) _____ Email: _____

Signature: _____