**RELEASE AND WAIVER OF LIABILITY**

I am aware that horseback riding is an athletic event, which poses potentially serious risks of injuries or death to its participants. Horses are 5 to 15 times larger, 20 to 40 times stronger, and 3 to 4 times faster than humans. A fall from a horse is generally from a distance of 3 to 5 feet, and the impact may result in injury to the rider. I understand that I may be injured 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 best trained, are often unpredictable and difficult to control.

With this waiver, I accept notice that there are inherent risks in equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions. The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by CSJ Eventing LLC, and its administration or other designated representative.

With the knowledge of the foregoing, and as an inducement for CSJ Eventing LLC, riding instructors, or other authorized personnel, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against CSJ Eventing LLC or any of its designated agents, from all liability for damage or injuries resulting from equine activity, negligence, or defects in the preparation, instruction, or equipment involved in horseback riding in or around CSJ Eventing LLC or Linden Hall Stables.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR GUARDIAN RELEASE AND WAIVER**

I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, and on the minor’s behalf and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as an inducement for allowing my child, or this minor, to ride with the Linden Hall Riding Program. I further authorize any emergency medical care, which may be necessary. I represent and warrant that I have the authority to give this release.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide an emergency contact:**

Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_