

3609 Alta Vista Drive, Fallbrook, CA 92028

760-822-4013

RELEASE OF LIABILITY

This RELEASE OF LIABILITY is made and entered into on this \_\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between BRANDI’S EQUESTRIAN RIDING ACADEMY (BERA), 3609 Alta Vista Drive, Fallbrook, CA 92028 and “RIDER”, or if the Rider is a minor, Rider’s parent or legal guardian. In return for use today and all future dates of the property, facilities and services of BERA and RIDER, his/her heirs, assigns, and legal representative, hereby expressly agree to the following:

1. This RELEASE OF LIABILITY covers all persons on or about all horses on the property.
2. RIDER is responsible for full and complete insurance coverage on his/her horse, personal property and him/herself.
3. RIDER understands there are risks in and around equine facilities.
4. RIDER agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER’S USE OF OR PRESENCE UPON BERA’S PROPERTY AND FACILITIES including without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of medical care, and/or deliberate act of another person.
5. RIDER agrees BERA and all its successors, assigns, subsidiaries, affiliates, officers, directors, employees, sub-contractors and agents completely harmless and not liable and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damage, costs or expenses arising out of RIDER’S use or presence upon BERA’S property and facilities including those based on death, bodily injury, property damage, including consequential damages, except if damages are caused by the direct, willful and gross negligence of BERA Owners.
6. RIDER agrees to waive the protection afforded by any statute or law in any jurisdiction (e.g. California Civil Code #1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving it release does not know or suspect to exist at the time of executing release.

Page 1 of 2

1. RIDER agrees to indemnify and defend BERA against and hold harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney fees which in any way arise, from RIDER’S use of or presence upon BERA’S property and facilities.
2. RIDER has read “BRANDI’S EQUESTRIAN RIDING ACADEMY RULES” and agrees to abide by all BERA rules and regulations.
3. This contract is non-assignable and non-transferable. When RIDER and BERA Owner/Officer sign this contract it will then be binding on both parties, subject to the above terms and conditions.

ALL RIDERS MUST WEAR HELMETS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

IT IS UNDERSTOOD THAT HORSES ARE POTENTIALLY DANGEROUS AND UNPREDICTABLE ANIMALS. ANY ACTIVITY UNDERTAKEN AROUND OR NEAR HORSES CAN LEAD TO BODILY INJURY OR DEATH EVEN IF PROPER CARE IS TAKEN. \_\_\_\_\_\_\_\_\_\_\_\_\_(Initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brandi’s Equestrian Riding Academy officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Rider’s Name Age (if minor) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name Signature Date

Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone Cell Phone Work Phone

 E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2 of 2


SUMMER CAMP REGISTRATION FORM

Child Name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent/guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Camp Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Riding Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our camps? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that my deposit is non-refundable

(Parent/Guardian signature)

Office Use

Deposit Paid: $ Check # Date