

SHILOH FARMS EQUESTRIAN TRAINING CENTER, INC.
RELEASE FORM

I/We have been informed of the organization of Shiloh Farms Equestrian Training Center to provide supervised riding instruction for children and adults. I/We understand that all riders ride at their own risk. I/We, the individual(s), or parent(s) of the below named participant(s), do hereby give my/our approval to my/his/her participation in any and all activities. I/We do further hereby release, absolve, indemnify, and agree not to hold Shiloh Farms Equestrian Training Center, nor its owners, managers, instructors, counselors, employees, representatives, and/or agents from any and all claims, losses, or damages whatsoever. I/We understand that students ride at their own risk and that hard hats will be worn by riders at all times while mounted. I/We do understand the inherent danger involved with horses and all horseback riding sports. In case of injury to myself, my/our child, I/we waive all claims against Shiloh Farms Equestrian Training Center and its owners, managers, instructors, counselors, employees, representatives, and/or agents.

I/We have read, signed, and do fully understand Shiloh Farms Equestrian Training Center release form.

WARNING

UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

PARTICIPANTS' NAME(S):

SIGNATURE(S) for self or parent

Emergency Contact Phone #

Physician

Physician's Phone #

Hospital Preference

CELL PHONE NUMBERS:

PAGER NUMBERS:

INSURANCE STATEMENT:

Insurance Company Name

Policy Number

Printed name of participant or parent

Street Address

City, State, Zip Code

Phone Number: Home

Phone Number: Work _____
