

Liability Release Form/Child

Students First Name: _____, Last _____

WARNING! Under Georgia 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 from the inherent risks of equine activities, pursuant to chapter 12 of Title 4 of the official Code of Georgia Annotated. _____ (please initial)

Please read carefully before signing.

In consideration for being permitted to participate in equestrian/horse-back-riding activities at Jennifer L. Buck Stables LLC, under the instruction of Jennifer L.

Buck, I, (we) _____, _____, (print name)

parents of _____, (print child's name)

Agree to the following provisions:

ACKNOWLEDGEMENT OF RISKS

I Hereby acknowledge and understand that horse-back-riding and working around horses are dangerous activities, I, _____ (print name), as parents of or legal guardians of _____ (print child's name), from this date, _____ (print date), forward, hereby release and hold harmless Jennifer L. Buck Stables LLC, and Crossroads Equestrian Inc., it's employees, agents and/or it's contracted riding instructor's, contracted horses/ponies and their owner's and Jennifer L. Buck Stables LLC, riding instructor/trainer/manager and Bridget and James Cook, the property owner's, from any and all claims, actions, suits, and /or damages that may occur as a result of any injuries sustained while taking horse-back-riding instruction, handling or being near horses/ponies on the property of 1323 Blackwell Rd. Marietta, Ga. 30066. This shall include all losses, damages, costs and attorney's fees that may occur as a result of death or injury, and related claims by any parties.

Horse-back-riding is a dangerous sport. I understand that risks are involved in riding and working with horses/ponies and by signing this agreement take full responsibility for my child in the event of any injury. I have read this release, understand its terms and sign it voluntarily and with full knowledge of its significance.

Parent/Guardians Name:(print) _____ Date: _____

Parent/Guardians Signature: _____

Witness: (print) _____ Date: _____

Signature: _____

