

Isaac Royal Farm

Release and Hold Harmless Agreement

Name: _____

Address: Street _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent or Guardian: _____

Name of Health Insurance Policy: _____

Waiver:

I, the student, parents or guardian recognize the inherent risks of injury involved in horseback riding/jumping generally, and in learning to ride/jump in particular. In taking lessons or programs at **Isaac Royal Farm**, I assume any risk of injury and further, I voluntarily release **Isaac Royal Farm**, its owners, instructors, employees and agents from any responsibility on account of any injury I or my child or ward may sustain while receiving instruction or while riding/jumping in connection therewith, and I agree to indemnify and hold harmless **Isaac Royal Farm**, its owners, instructors, employees and agents on account of any such claim.

Parent Signature: _____

Student Signature: _____

In case of emergency, please contact:

Name: _____ Relationship to Student: _____

Address: Street: _____ City: _____ State: _____

Telephone: Days: _____ Telephone: Evenings: _____