

Consent, Release and Indemnification Agreement
Signature Form

I have carefully read this consent, release, and indemnification agreement, and I understand and acknowledge that it is a complete release of liability and a promise not to sue or make a claim. I am aware that this agreement is a contract between myself and Horizons East Equestrian Center, Inc., Barbara EnDean, and Samantha Lanzone.

Dated (M/D/Y) _____ / _____ / _____

Signature of Rider: _____

Print Name: _____

Parent Signature (if a minor): _____

Age of Rider: _____ Telephone: _____ Cell: _____

Address: _____

Email Address: _____

I give consent for photographs or videos of the rider to be used in advertising or promotions for Horizons East. Yes No

Minors under 18 must obtain the signatures of their parent or legal guardians above and below in order to participate in the sport of horseback riding at the Property (whether or not such use is on a pay basis) and to participate in horse show competitions under the training of any Released Party.

I, the undersigned parent or legal guardian of _____ (the Minor); (print name of minor), for and in consideration of the minor being permitted by any Released Party (as defined above) to participate in the sport of horseback riding at the Property, to use the facilities of the Property (whether or not such use is on a pay basis), and to participate in horse show competitions under the training of any Released Party, acknowledge that I have read the above Release in favor of the Released Parties and agree to abide by the terms of the Release, both individually and, as the parent or legal guardian of Minor, on behalf of the Minor.

I have obtained health insurance for the Minor which provides reasonable insurance coverage for the Minor, and will maintain such health insurance while the Minor participates in the sport of horseback riding at the Property and uses the facilities of the Property.

Dated (M/D/Y) _____ / _____ / _____

Signature of Parent or Guardian: _____

Print Name: _____

Relationship to Minor (mother, father, legal guardian) _____

Telephone: _____ Cell: _____ Email: _____

Address: _____

*Any relevant health information or allergies of the Minor: _____

EMERGENCY CONTACT/ SECONDARY CONTACT (Please nominate a person to contact in an emergency situation)	
Name: _____	
Relationship to Rider: _____	Telephone: _____