



**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.
Please read carefully**

Acceptance of Risk

I request permission for my child _____ to participate in horseback riding and other equestrian related activities organized and operated by the Harrogate Hills Riding School.

I fully understand that horseback riding, handling, and grooming of horses and other stable activities are very dangerous. I wish to allow my child to participate in these activities knowing that they are dangerous.

I accept and assume all the risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make any claims of any kind against The Harrogate Hills Riding School for any injury (including death) to my child or any damage to my property, arising out of my child's participation in these dangerous horseback riding or related activities.

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Dated: _____

Signature of Parent/Guardian: _____

Print name: _____

Child's name: _____

Address: _____

City: _____ Postal code: _____

Birth date: _____ e-mail address: _____

Telephone: Home: _____ Business: _____

Emergency Name and Number: _____

Health Card Number: _____