WAIVER OF LIABILITY & LEGAL RELEASE FOR YVETTE RONEY & SNEAK AWAY RIDING CLUB

STATE OF TEXAS COUNTY OF HARRIS Date _____/_____/ 20___

(Please Print Clearly)

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Yvette Roney & SARC for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Yvette Roney & SARC or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsibility for any necessary veterinary treatment for the horse that I ride. I have read and understand this liability release.

Date ____ /_____ / _____

Print Name	**Rider Signature**
1. _____	1. _____
2. _____	2. _____

_____

(Signature of Guardian if Rider is a Minor)

_____

Street Address (Please print legibly as we use your address for mail outs)

_____

City St. Zip Ho. Phone cell

E Mail:

_____@_____

*In Case of Accident Notify:*_____ Phone: _____

Any Known Allergies or Medical Conditions: _____

_____

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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