

Windy Willow Farm

Riding Lesson Release Form

Child's Name: _____

Birth Date: _____ Height: _____

Address: _____

Previous Riding Experience: _____

Allergies or Medical Problems: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell/Work Phone:

Father's Name:

Address:

Home Phone: _____ Cell/Work Phone:

RELEASE

The undersigned acknowledges that they are the parent(s) of the child and that in consideration of their child being permitted to participate in riding activities at Windy Willow Farm and being aware of the risk of injury from horse related activities, they assume the risk of injury to the rider and agree that they will be responsible for and hereby release Windy Willow Farm and Diane and Bob Daly from any and all liability,

including negligence, by reason of injury to their child or their property during riding activities, including, but not limited to lessons, trail rides, exercise, jumping, caring for horses before and after riding, showing etc..

Parent/Guardian Signature