EQUINE RELEASE AND WAVER OF LIABILITY

ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

	ain Trail Rides	5020				
928-354-23	463 Mormon Lake, Az 8 59	6038				
1.	(pa	rent/legal gua	rdian) on l	pehalf of m	ny minor child _	
. /	(p				.,	[First & Last Name(s)]
Reside at:					Email:	
	(Street Address)	(City)	(State)	(Zip)		
Mountain T	rail Rides.	in consideration	on of my a	bility and p	permission to ri	de OR use any horse owner by High
IMPORTANT		ARE CIVING I	ID CEDTAII	LIECAL DI	CHTS INCLUDE	NG THE RIGHT TO RECOVER
DAMAGES II HORSE AND OR PROPER AGREEMEN	N CASE OF INJURY, DEA /OR PARTICIPATION IN TY DAMAGE ARISING O	TH, OR PROPE EQUINE ACTIV UT OF NEGLIG	RTY DAMA ITIES AT [I ENCE OF Y	AGE, ARISII HIGH MOU OU OR [HI	NG OUT OF YOU INTAIN TRAIL R GH MOUNTAIN	JR RIDING OR USE OF THE OWNER' IDES] INCLUDING INJURY, DEATH, I TRAIL RIDES] READ THIS NDERSTANDING OF AND
will be allow without rest Including bu	ved to participate in, an triction or limitation. I r it not limited to:	d that I do he ecognize the i	reby ackno nherent ris	wledge an sk involved	d agree that I v in riding and w	
stalls or other	er enclosures, scratches animals, hay, or other eing injured in the barn	s or other inju allergens, trip	ry from gro ping in hol	ooming too es or on m	ols and other ed aterials, or equ	ses, scratches or other injuries from quine equipment and tack. Allergic ipment. Slipping, falling, or y, muddy, wet, or contain or
for injury ari	ising out of inherent ris om the active negligend	ks from riding	working,	or particip	ating in a stable	ciples and agents from any liability e environment and/or with horses, and agents.
(HMTR), the health or magainst any with either ragreement, consent to mand underst HMTR I do s bear no resp	nis agreement I hereby are will not be a nurse of edical care. I agree to in loss, liability, damage, a my presence or particip and by initializing the particip particip and for particip and my presence and/or particip of the disclosure of at my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a my own risk, and here will not be a nurse of the miles o	n the premise ademnify, save attorney's fees ation at HMTF aragraph about ticipation in the, waivers, and ereby acknow	s and HMT and hold , or costs to to any active, I herebone activitied to releases to ledge and	R and its pharmless he hat they mets or omissing acknowless at HMTR herein. If I agree that	orinciples and against the property of the pro	sion during my time spent at gents bear no responsibility for my inciples and agents from and g out of or in any way connected principles and agents. By signing this ete understanding, agreement and or agents and with full knowledge and participate in the activities of any of its principles and agents shauce or participation at HMTR.
Date:						
Print:			Sign:_			