



Rider's Release Form: White Horses Stables, LLC

We are glad to have the opportunity to be part of your equestrian interests. Please sign and return this lesson release form before participating in lesson programs or camps. Let us know if we can be of any further assistance to you.

Rider's name _____ DOB: _____

Age: _____ Today's Date: _____

Any medical condition we should be aware of: _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Telephone _____ ALT #: _____

Note: We need one main contact for calling messages and emergency.

E-Mail: (please print) _____

School _____

I, _____, agree to assume all responsibility for myself and my child _____ for risk from participation in equestrian activities at White Horses Stables, LLC and further agree to abide by all farm rules and hold owners, instructors, trainers, and other White Horses employees free from damages of liability resulting from any injury to person and/or property arising as a result of this participation.

WARNING: Under South Carolina law, an equine activity sponsor or equine professional is NOT liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, chapter 9 of Title 47, code of Laws of South Carolina, 1974. I acknowledge that I have read and understood the contents of this release.

Signature of Student: (Parent, if student is under 18): _____

Date: _____