

P.O. Box 3576, Westlake Village, CA 91359
(805)495-5515 FAX (805)497-1799
www.foxfield.com

STUDENT RELEASE FORM
Acknowledge and Disclaimer
PLEASE PRINT NEATLY

Student's Name _____

Street Address_____ Birth Date_____

City_____ State_____ Zip Code_____

Name of Parent or Legal Guardian_____

Street Address_____

City_____ State_____ Zip Code_____

Please list all phone #'s in case of emergency:

Home_____ Cell_____ Work_____

Alternate Emergency Contact_____ Phone_____

The undersigned hereby agrees, understands and acknowledges the following:

HORSES ARE DANGEROUS AND OFTEN UNPREDICTABLE ANIMALS. ANY ACTIVITY UNDERTAKEN AROUND OR NEAR HORSES CAN LEAD TO BODILY INJURY OR DEATH, EVEN IF PROPER CARE IS TAKEN.

THE STAFF AND EMPLOYEES OF FOXFIELD RIDING SCHOOL ARE NOT EMPLOYED FOR THE PURPOSE OF DETERMINING WHETHER YOUR RIDING ABILITY IS SUFFICIENT FOR YOUR HORSE, NOR IS THE STAFF OF FOXFIELD ON THE PREMISES TO ENSURE THAT YOU EXERCISE THE PROPER STANDARD OF CARE AROUND THE ANIMALS.

I agree and understand that all riding engaged in and at Foxfield Riding School is solely at my own risk, and the Foxfield Riding School is not liable for any injury which may occur to me on its premises, whether bodily or otherwise. I further agree to release Foxfield Riding School, its agents and employees, from any and all liability for any injuries I may sustain while riding, and agree to indemnify and hold Foxfield Riding School harmless as to all claim, actions, damages, costs and expenses, including attorney fees, arising there from.

The aforesaid release and limitation of liability includes, with limitation, any obligation of Foxfield Riding School with respect to consequential damages and negligent behavior of any of its employees. This agreement shall not be extended, altered or varied except by written instrument signed by both Foxfield Riding School and the student (and parent where required).

I HAVE READ AND UNDERSTAND THE FOREGOING. _____
Date

_____ _____
Print Student's Name Student's Signature

IF THE ABOVE STUDENT IS A MINOR, THE CONSENT OF A **PARENT** OR **LEGAL GUARDIAN** IS **REQUIRED.**

I HAVE READ AND UNDERSTAND THE FOREGOING. _____
Date

_____ _____
Print Parent's or Legal Guardian's Name Parent or Legal Guardian's Signature