

Normandy Enterprises Inc.
DBA: Moss Creek Equestrian Center

RELEASE FORM

RIDER NAME: _____ AGE: _____

I understand that horseback riding and interaction with horses is statistically considered high-risk activity. Furthermore I acknowledge that horses are unpredictable and instinctual in their behavior, and even the most docile horse can become dangerous.

By signing this document I understand the risk I am undertaking and further agree not to hold Normandy Enterprises Inc., Moss Creek Equestrian Center, Cathy Stangroom, Rob Stangroom, Caileigh Stangroom, Alex Wood or Emily Young liable for any loss, injury or death resulting from participation in equestrian activities.

Under South Carolina Law, an equestrian activity sponsor or equine professional is not liable for any injury to, or 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, 1976.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OR

RIDER SIGNATURE (21 year older): _____ DATE: _____

I HEREBY AUTHORIZE MEDICAL TREATMENT FOR MY
CHILD: _____

IN CASE OF EMERGENCY:

CONTACT: _____ PHONE: _____ OR
_____ PHONE: _____

PARENTS NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOM CELL: _____

MOM WORK#: _____ DAD WORK#: _____ DAD CELL: _____

INSURANCE CARRIER: _____ POLICY #: _____

ALLERGIC TO: _____ OTHER MEDICAL INFO: _____

SCHOOL RIDER ATTENDS: _____