



P.O. Box 3576, Westlake Village, CA 91358
(805) 495-5515 FAX (805) 497-1799

**STUDENT RELEASE FORM
Acknowledgement and Disclaimer**

Student's Name _____ Home Phone _____

Street Address _____ Birth Date _____

City _____ State _____ Zip Code _____

Name of Parent or Legal Guardian _____

Street Address _____

City _____ State _____ Zip Code _____

Please list all phone numbers in case of emergency:

Home _____ Cell _____ Work _____ Pager _____

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 at Foxfield Riding School is solely at my own risk, and that Foxfield Riding School is not liable for any injury which may occur to me on its premises, whether bodily injury 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 claims, actions, damages, costs and expenses, including attorney's fees, arising therefrom.

The aforesaid release and limitation of liability includes, without limitation, any obligations 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's or Legal Guardian's Signature