



Rose Hill Stables LLC
EQUESTRIAN PARTICIPATION
AGREEMENT AND LIABILITY RELEASE

This agreement made and entered on this _____ day of _____, 20____, by and between, _____, hereinafter referred to as "I" and Hilary Johnson, or any employee at Rose Hill Stables located at Iron Horse Equestrian Center.

IT IS HEREBY AGREED TO AS FOLLOWS

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction, horse training, viewing and riding of sale horses, clinics, horse shows and any other activity at Rose Hill Stables located at IHEC. Initial _____
2. I _____ am fully aware and fully understand that horses are unpredictable by nature and can be dangerous; that when frightened, angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, buck, rear up in front, bite, or spook suddenly; that horses are extremely powerful and unpredictable. I understand these risks and I voluntarily assume these risks and dangers. Initial _____
3. I realize that placing my children, or myself in a stables environment is creating a hazardous situation. I am aware that injuries and death can occur in and around the stables and I voluntarily assume these risks and dangers. Initial _____
4. I understand that riding horses and ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible. Initial _____
5. That parent or guardian and participant understand that upon mounting the horse and taking up the reins, the student is in primary control of the horse and that Rose Hill Stables and its employees are not responsible for the results of the student's actions or inaction. The participant further agrees not to abuse, misuse or deliberately agitate the horse, as these actions may result in increased risk to himself and others. Initial _____
6. I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies. Initial _____
7. That I have been advised that participants must purchase or own and wear an approved safety helmet and wear it in and around Iron Horse Equestrian Center and at any horse show, clinic or trail ride I or my child attend with Rose Hill Stables.
Helmets are always required when mounted. Initial _____
8. I am aware that serious injury or death of my horse or pony is possible when it is handled, trained, or in a lesson or show. Initial _____
9. Liability Release: That I understand that except in the event of Rose Hill Stables' wanton and willful negligence, I am responsible for bodily injury, and/or property damage which I or my child or legal ward should sustain on the premises and/or trails, and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions and for any time I or my child or legal ward shall lose from employment or school or other activity and for medical expenses or any other expenses incurred because of such bodily injury and/or property damage; and that I hereby, for myself, my heirs, administrators and assigns, release and discharge the owners, operators, and sponsors of Rose Hill Stables and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for damage to my property, injuries or death of my person, or that of my child or legal charge. Initial _____

10. Rose Hill Stables, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals. Initial _____

11. That the participant is currently covered by accident and medical insurance and will remain insured for the duration of all activities with Rose Hill Stables, at Iron Horse Equestrian Center.
Insurance Company _____ Policy Number _____
Primary Doctor _____ Phone Number _____

12. That I further understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills. Initial _____

13. That I agree to pay all expenses (Training, Board, Veterinarian, Farrier, etc.) on or before their due date and that a 30 day notice must be given prior to termination of training or services. That I understand that legal action will be taken to collect any accounts that become delinquent according to California State Law. Initial _____

14. That this agreement is entered into in the State of California and will be interpreted and enforced under the laws of that State. Initial _____

15. Upon the signing of this agreement, participant acknowledges that he or she has read and agrees to be bound by Rose Hill Stables' rules. Initial _____

I, the undersigned, being of legal age and of sound mind and not being under the influence of alcohol, drugs, prescribed medication or intoxicants, have read and understand the forgoing agreement and release. I have also completed a medical release that is attached to this document. Initial _____

All information is required.

PRINT full name(s) of participant(s). If participant is under age, parent or guardian name and signature are required:

Participant Name (print) _____ DOB _____

Participant Signature _____ Date _____

Parent or Guardian Name (print) _____

Parent or Guardian Signature _____ Date _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ State: _____

Billing Address: _____

City: _____ Zip Code: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____



Rose Hill Stables LLC

Iron Horse Equestrian Center
5959 Camino Tassajara
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(925) 324-8485

Medical Release

I _____, hereby authorize Hilary Johnson or any other employee of Rose Hill Stables, to seek medical attention for myself or for my child in the event of an emergency.

Please print and fill out all the following information:

Name: _____ Date of Birth: _____

Insurance Company: _____ Policy #: _____

Regular Doctor: _____ Phone #: _____

Allergies (medication, food, insect, etc.): _____

Other Medical Information: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home#: _____ Work#: _____ Cell#: _____

Drivers License #: _____ Social Security #: _____

Parent or Spouse's Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____