

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND
LIABILITIES**

PLEASE READ CAREFULLY

ADULT

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY CLAUDIA COJOCAR OR DIAMOND C EQUINE SERVICES, LTD.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS.

I WISH TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISKS OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST CLAUDIA COJOCAR OR DIAMOND C EQUINE SERVICES, LTD, OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO ME OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

DATED: _____ SIGNATURE: _____

PRINT NAME: _____

WITNESS: _____

CONTACT NAME AND NUMBER FOR EMERGENCY: _____

MEDICAL INFO I SHOULD KNOW:
