

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

MINOR CHILD

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I REQUEST PERMISSION FOR MY CHILD _____
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 ALLOW
MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE
DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH) TO MY CHILD OR
MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE
THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE
ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIRS, GUARDIANS, AND LEGAL
REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS 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 MY CHILD OR ANY DAMAGE TO MY
PROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATION IN THESE DANGEROUS
HORSEBACK RIDING OR RELATED ACTIVITIES.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF _____
THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND
CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS
AND ASSIGNS.

CHILD'S NAME: _____ CHILD'S BIRTHDATE _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATED: _____

PRINT NAME: _____ WITNESS: _____

CONTACT NAME AND NUMBER FOR EMERGENCY: _____
MEDICAL INFO I SHOULD KNOW: _____
