

**WAIVER OF LIABILITY & LEGAL RELEASE
FOR
Charming Pony Parties, Charming Pony Camps
Enchanted Carriage Service**

Siiri Cole

18521 E. Queen Creek Rd #105-186 Queen Creek AZ 85142 (602) 291-4134

Date ____/____/2012

(Please Print Clearly)

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Charming Pony Parties, Siiri Cole, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein Charming Pony Parties), for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Charming Pony Parties or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I agree to take full responsibility for myself, my child and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. Helmets will be provided. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness.

I have read and understand this liability release. Date ____ / ____ / 12

Print Name	Rider Signature /Parent Signature
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

(Signature of Guardian if Rider is a Minor)

Please continue on back side if more riders

Street Address (Please print legibly as we use your address for mail outs)

City St. Zip Phone or cell

E Mail: _____@_____

Please e mail me information regarding activities Charming Pony Parties. ____ Pony Ride ____ Carriage Rides ____ Themed Parties ____ Pony Camp ____

Lessons and Camp only:

In Case of Accident Notify: _____ *Phone:* _____

Any Known Allergies or Medical Conditions:
