

**EQUESTRIAN ZONE  
CHILD RELEASE OF LIABILITY  
PHOTO RELEASE AND CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
To participate in activities relating to horses, on horse(s) provided by Equestrian Zone, including but not limited to grooming, leading, sidewalking, and horseback riding.

I understand that the activity of riding or working with horses involves numerous risks of injury including loss of control, collisions, or obstacles. I understand that an animal, irrespective of it's training, and usual past behaviors and characteristics, may act or react unpredictably at times, based upon instinct or fright. I acknowledge that these are inherent risks assumed by each participant on the activity and I allow my child to participate at his/her own risk. I agree to fully assume any risks of injury or death in connection with activities caused by or related to participation in any activity at Equestrian Zone.

I acknowledge that if my child has any allergies or known medical conditions that might be affected by participation in horse activities that I am responsible for providing and administering the necessary medications. I understand that although the riding arena strives for and promotes safety in equine activities, I am solely responsible for the health and safety of my child at all times.

In consideration of my child's participation in activities at Equestrian Zone, I personally assume any and all risks in connection with my child attending and participating and I, on behalf of myself, my spouse, my heirs and assigns and legal or personal representatives, hereby release all claims, including negligence, arising out of this event or my activities while on the premises. I hereby indemnify and hold harmless Equestrian Zone, their successors and assigns, their agents and employees, and their sponsors or affiliates from any liabilities, actions, and claims.

I understand that all information (written and verbal) about participants at this center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

I acknowledge that I have carefully read this agreement, that I fully understand its contents, and that I sign this form with full cognizance of its nature and effect. I acknowledge that the terms herein are contractual and not a mere recital. I further acknowledge that I am aware that I am releasing certain legal rights that I otherwise may have and that I am entering into this contract on behalf of myself and/or family of my own freewill.

I        **consent**        **do not consent** and authorize the use and reproduction by Equestrian Zone of any and all photographs and any other audio-visual materials taken of my child for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**THIS IS A RELEASE OF  
LIABILITY: DO NOT SIGN  
THIS RELEASE IF YOU DO  
NOT UNDERSTAND OR  
AGREE TO THE TERMS.**