

SYCAMORE CANYON
EQUESTRIAN CENTER

Rider Release Form

I _____ hereby agree to use the Sycamore Canyon Equestrian Center riding facilities and horses at my own risk and subject to all rules and regulations of the Sycamore Canyon Equestrian Center. I agree that if any damage, loss, or injuries occur to me from any cause while using the Sycamore Canyon Equestrian Center facilities, horses, or equipment, I will make no claim against the Sycamore Canyon Equestrian Center, teachers, counselors, trainers or employees. I further agree to indemnify and hold harmless Stephen Jackson, Sharlene Jackson, S&S Equine LLC and Sycamore Canyon Equestrian Center against any legal proceedings for personal injuries or property damage arising from any accident or any cause whatsoever.

Name of Rider: _____

Address: _____

Street Number and Name

City

State

Zip

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Name _____

Phone Number: _____ Relation: _____

A legal Guardian or Parent must sign if rider is a minor.

By signing below, I acknowledge and accept the terms of the agreement above.

Horse Owner Signature: _____	
Printed Name: _____	Dated: _____
Horse Rider Signature: _____	
Printed Name: _____	Dated: _____
Sycamore Canyon By: _____	
Printed Name: Stephen Jackson, Owner	Dated: _____
S&S Equine LLC, Doing business as Sycamore Canyon Equestrian Center, Inc.	