

Rider Release Form

I			hereby agree	e to use the	
Sycamore (Canyon Equestrian Center riding	facilities and horses	at my own risk	and subject to all	
rules and re	egulations of the Sycamore Canyo	on Equestrian Cente	r. I agree that i	if any damage,	
	loss, or injuries occur to me from any cause while using the Sycamore Canyon Equestrian				
	lities, horses, or equipment, I wil	-	•	ore Canyon	
Equestrian	Center, teachers, counselors, tra	iners on employees			
I further ag	ree to indemnify and hold harml	ess. Danny R. Adair :	and Lauree Ada	air against anv	
-	edings for personal injuries or pr	•			
cause what	soever.				
Neme of Didow					
Name of Rider:					
Address:					
Street	Number and Name				
City		State	Zip		
Home Phone:		Cell Phone:			
_					
Horse Owner Si	gnature:				
Printed Name:			Dated:		
Horse Rider Sigr	nature:				
Printed Name:			Dated:		
Sycamore Canyo	on Bv:				
Printed Name:			Dated:		
Sycamore Canyon Equestrian		enter Inc			
	Sycamore earlyon Equestion e				
Parent must sign if rider is a minor.					
	1525 SYCAMORE CANY		IMAS, CA 9	1//3	
	PHONE	- (909) 599-9681			