

Rider Release Form

I			hereby agree t	o use the
-	Canyon Equestrian Center ridilegulations of the Sycamore Ca	_		•
loss, or inju	iries occur to me from any cau	use while using the	Sycamore Canyon Ed	luestrian
Center faci	lities, horses, or equipment, I	will make no claim	against the Sycamor	e Canyon
Equestrian	Center, teachers, counselors,	trainers or employe	ees.	
_	ree to indemnify and hold ha	•		•
•	camore Canyon Equestrian Ce			ersonal injuries
or property	damage arising from any acc	cident or any cause v	whatsoever.	
Name of Rider:				
Address:				
Street	Number and Name			
City		State	Zip	
Home Phone: _		Cell Phone:		
Horse Owner Si	gnature:			
Tiorse Owner Si	gnature.			
Printed Name:			Dated:	
Horse Rider Sign	nature:			
Printed Name:			Dated:	
Sycamore Canyo	on By:			
Printed Name:	Stephen Jackson, Owner		Dated:	
	S&S Equine LLC, Doing busing	ness as		
	Sycamore Canyon Equestria			

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

1525 SYCAMORE CANYON RD. - SAN DIMAS, CA 91773 PHONE - (909) 599-9681