

WENTZ STABLES

7423 Skytop Court

Orefield, PA 18069

(610) 366-1066

RIDING PROGRAM RELEASE FORM

Name: _____

Address: _____

Phone: _____

Parents: _____

Where did you hear about us from: _____

I/we, understand this is a high risk sport and I/we are participating at my own risk. I hereby assume the sole responsibility for myself and any guests and agree to defend, indemnify, and save Wentz Stables and any employees harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injury, including death at any time resulting there from, sustained by any person or persons, including myself and my dependents and guest, or on account of damage to property arising out of or in consequence of my participation in this sport, howsoever such injuries, death, or damage to property may be caused.

I/we, also assume the sole responsibility for my horses and save Wentz Stables and any employees harmless from any and all liability, costs, expenses, including legal fees for injury, sickness, fire, disease, or death arising out of the riding or caring of horses stabled by or under the supervision of Wentz Stables, also at shows, sales and while in transport between the same. I/we, also understand that Wentz Stables has not insured my horse against injury, death, disease or sickness and that it is my responsibility.

Signed: _____ **Date** _____

(If under 18, please have parent or guardian sign)