

# PARTICIPATION (RIDING) WAIVER

**(PLEASE COMPLETE ALL BLANK SPACES ON BOTH SIDES AND RETURN THE FORM TO LIZ OR JERRY)  
(ONCE A FORM HAS BEEN COMPLETED AND IS ON FILE, IT IS NOT NECESSARY TO COMPLETE ANOTHER; THEREFORE, PLEASE MAKE SURE WE RECEIVE THE COMPLETED FORM!)**

**PLEASE INDICATE WHO YOU ARE WITH (BOARDER'S NAME):** \_\_\_\_\_

**SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS  
5368 NW SPRINGHILL DR. ALBANY, OR 97321  
(541) 928-8943**

## LIABILITY WAIVER - REQUEST AND RELEASE

I, for myself, or on behalf of a minor child for whom I am a parent and/or legal guardian, hereby request permission of the above named Stable and its Owners to participate in horse riding and handling, or any other related activities to be held on the Premises.

I have inspected the Premises and I know the risks and dangers involved in such activities as expected as well as unexpected danger may arise during such activities and I assume all risks of injury to my person and property that may be sustained in connection with any activity conducted in and about the Premises.

In consideration of the permission granted to me above, I hereby, for myself, my heirs, administrators and assign, and if I am a guardian of a minor, for such minor, his heirs, administrators and assigns, hereby release and discharge the owners and operators of the Premises and their respective agents, officers and causes of action of any sort for whatever reason, including without limitation, negligence of his officers and officials.

I represent and certify that I am 18 years of age or older. I certify that my attendance and participation in the stated activities is voluntary and that I am not in any way the employee or agent of the owners, operators, or sponsors of the Premises and the activities therein. The undersigned hereby agrees to hold harmless and indemnify Liz or Jerry Couzin and further release them from any liability or responsibility for any accident, damage, injury, or illness to the undersigned or to any family member or other spectator accompanying the undersigned on the premises.

**I HAVE READ & UNDERSTAND THE FOREGOING REQUEST & RELEASE.  
IN WITNESS WHEREOF, I HAVE EXECUTED THE REQUEST & RELEASE.**

**Please Print Legibly.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(If husband and wife, both must sign above.)

Guardian of : \_\_\_\_\_  
(List any children/minors who may come out with you. Please also list ages of minor children.  
If not your child, their parent/guardian must complete and sign a form.)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please describe vehicles driven to Springhill Stables, including color, make and model (this is for identifying purposes only - ie: red, Honda Civic...): \_\_\_\_\_

**THANK YOU! ENJOY YOUR VISIT!!!**

**SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS**

**Please complete the following information:**

**MEDICAL RELEASE**

I hereby authorize the Stable, its Owners, their agents, managers, and employees to authorize medical treatment by a licensed physician or hospital, for myself, and/or my child in the event of an accident of injury, if they are unable to contact the person designated to be contacted in case of an emergency with reasonable speed, or if they reasonably believe the circumstances do not allow time for such contact.

**I HAVE READ & UNDERSTAND THE FOREGOING MEDICAL RELEASE.  
IN WITNESS WHEREOF, I HAVE EXECUTED THE MEDICAL RELEASE.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of Rider, Horse Owner, or Boarder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian for a Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person & Telephone #: \_\_\_\_\_

Alternate Emergency Contact Person & Telephone #: \_\_\_\_\_

List Allergies for any Rider or Spectator on Premises: \_\_\_\_\_

List Health Insurance Info. (Company, Policy #, etc.): \_\_\_\_\_

If unable to contact any of the above, please indicate by circling either yes or no, if 1) we may transport to the hospital (for minor injuries), or 2) contact an ambulance to transport.      1) yes no      2) yes no

**The following applies if under the instruction of a trainer at Springhill Stables:**

The Undersigned assumes the unavoidable risks inherent in all horse related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at Springhill Stables, located at 5368 NW Springhill Drive, Albany, OR., the undersigned does hereby agree to hold harmless and indemnify Liz or Jerry Couzin (owners) and \_\_\_\_\_, trainer, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of lessons desired (ie: Dressage, Jumping, Hunter, Western, etc.): \_\_\_\_\_

Approx. # of lessons per week: \_\_\_\_\_ Approx. Days and Times: \_\_\_\_\_

Name of Horse used for lesson: \_\_\_\_\_ Alternate Horse: \_\_\_\_\_

If horse is not owned by student, please list owner(s): \_\_\_\_\_

If horse is owned by student, please provide the following: Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

(Please note that all outside horses **must** be current on vaccinations and worming prior to riding here.)

**PLEASE COMPLETE FORM IN IT'S ENTIRETY - RETURN TO LIZ OR JERRY COUZIN - THANKS!**