



620 Garwood Road, Moorestown,NJ 08057

(name)

856-231-7552

FACILITY USE AGREEMENT

MAJODA STABLES ,INC., Agrees to allow _____

To use its facilities provided he/she agrees to the	he following conditions:
and horseback riding activities and that unantic	the risks and dangers involved in handling horses eipated and unexpected dangers may arise during such son or child and to any personal property sustained tivities on and about the premises.
AN INJURY TO OR THE DEATH OF A PAI	RIAN AREA OPERATOR IS NOT LIABLE FOR RTICIPANT IN EQUINE ANIMAL ACTIVIES OF EQUINE ANIMAL ACTIVITES, PERSUANT
for myself, my child, my heir's administrators STABLES, INC., its relatives, respective ager the interaction with horses, horse care, and the boarding of horses) from all claims, demands, sustained to my person, child, guest or property	ne (and/or my child) to enter the premises, I hereby, and assigns, release, remiss and discharge MAJODA ats, landlord, employees and all other participants in activity of horseback riding and instruction(including actions and causes of action of any sort for injury y during my presence on the premises and participation he event of the Stables wanton and willful negligence.
I have read this entire document and agree to a and horse care.	ssume the risks involved with horseback riding
Signed: Date of the Design of	ate:
I (we/ the parents of) with horse care and horseback riding activities	are in full recognition of the dangers involved, and agree to assume the risks involved.
Parents signature:	Date:
Parents printed name:	
Address:	
Phone:	
E – Mail:	(Student)DOB:

I DO / DO NOT (circle choice) give consent to Majoda Stables to use photographic or video images of my child. Initial here: