Release of Liability

Name:	Phone #:	Email:
Address:		
City:	State:Zip co	de:
I acknowledge that horseback riding is and my property. I knowingly assume		ks of injury and damage to myself, my horse, wn, of horseback riding.
Cohns, Rancho Viejo, and Stanford	University, from any and all liabili	'alley and San Martin locations), the ity for any act of negligence or want of the Cohns, Rancho Viejo and Stanford
Academy, the Cohns, and/or Rancho Academy, the Cohns, Rancho Viejo representatives, heirs, executors, and	Viejo, I waive, release, and dischar and Stanford University, their di assigns from any and all claims of	Mary Monroe and/or Peninsula Riding rge Mary Monroe , Peninsula Riding rectors, officers, agents and members, their iliability for injury or damage to myself, my is <i>binding</i> upon my executors, heirs, and
	es not know or suspect to exist in I	4, which states: "A general release does not his favor at the time of executing the release, the debtor."
Viejo and Stanford University and the	neir officers, directors, members ar and actual attorney fees, arising fr	Riding Academy, the Cohns, Rancho nd agents against all claims, demands, and om any proceeding or lawsuits brought by or
	damage which may accrue from an	and Stanford University, its agents or y cause or as a result of fire, theft, running
I acknowledge that I have read this Re	elease of Liability and know and un	derstand its contents.
Signature:		_Date:
*********	**********	******
I, the undersigned parent or guard in the event, agree that the terms	and conditions of this Release	
I acknowledge that I have read thi	s <u>Release of Liability</u> and know	and understand its contents.
Name:	Phone #:	
Signature:	Date:	