

Parental/Guardian Consent and Waiver of Liability for Bridges at Epiphany Stables

I, _____, hereby acknowledge that my child, _____, desires to participate in horseback riding and related activities at Bridges at Epiphany Stables. I understand that horseback riding and being around horses involves inherent risks, including but not limited to the risk of injury, damage, or loss. In consideration of allowing my child to participate in such activities, I agree to assume all risks and to release and discharge Bridges at Epiphany Stables, its owners, employees, agents, and affiliates from any and all liability for any injury, damage, or loss that may arise from my child's participation.

I understand and acknowledge the risks involved in horseback riding, including but not limited to the risks associated with the behavior of horses, terrain, weather conditions, equipment, and the actions or negligence of other participants. I agree to ensure that my child abides by all safety instructions provided by Bridges at Epiphany Stables staff and properly uses all provided safety equipment.

I certify that my child is physically and mentally fit to participate in horseback riding and related activities. I understand that I am responsible for informing Bridges at Epiphany Stables staff of any medical conditions, disabilities, or other factors affecting my child's ability to participate in such activities safely.

I hereby waive any and all claims, demands, actions, or causes of action against Bridges at Epiphany Stables, its owners, employees, agents, and affiliates arising out of or related to my child's participation in horseback riding or being around horses at Bridges at Epiphany Stables.

I understand that this waiver of liability is intended to be as broad and inclusive as permitted by law. If any portion of this waiver is held to be invalid, the remainder of the waiver shall continue in full force and effect.

I have carefully read and understand the terms of this waiver, and I voluntarily agree to be bound by its terms on behalf of my child.

Parent/Guardian's Signature: _____

Date: _____

Child's Name: _____

Date of Birth: _____