Hidden Creek Stables LLC 9275 Floyd Highway N. Copper Hill, Virginia 24079 540-206-4166

RELEASE OF CLAIMS FOR MINORS

I, the undersigned, as parent or guardian	of hereby request
horseback riding lessons and activities. I kno activities, and that unanticipated and unexpe	er Hidden Creek Stables LLC and to participate in w there are risks and dangers involved in such ected dangers may arise during such activities, and I y be sustained in connection with associated
participate in the horseback riding lesson prother the owners, operators, agents, and employeemands, actions and causes of action which	ed to me and my charges to enter the premises and ogram and activities, I hereby release and discharge yees of Hidden Creek Stables LLC from all claims, in I, my heirs, executors, administrators, and assigns, and my charges may sustain during my presence on and associated activities.
such immediate medical aid or assistance as in a medical emergency. In no event will I he	of Hidden Creek Stables LLC to obtain and administer might be required to care for me/my child or charge old Hidden Creek Stables LLC or its agents liable for e administered, or surgical procedures performed
Please specify any special needs we should needs or conditions etc).	be aware of: (i.e.: allergies, medications, medical
VOLUNTARILY AND WITH FULL KNOW	NDERSTAND ALL ITS TERMS. I EXECUTE IT VLEDGE OF ITS SIGNIFICANCE. release on thisday of
Parent/Guardian	Phone Number
Parent/Guardian	Phone Number
Emergency Contact	Phone Number