LB QUARTER HORSES
RIDING LESSON & CAMP LIABILITY WAIVER

Participant Name: _____

Parent/Guardian Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

Acknowledgment of Risk
I understand that participation in horseback riding lessons, camps, farm activities, hiking, games, water activities, and animal interactions involves inherent risks, including serious injury or death. I voluntarily allow my child to participate and assume all associated risks.

Release of Liability
I release and hold harmless LB Quarter Horses, its owners, instructors, volunteers, employees, and property owners from claims, damages, injuries, or causes of action arising from participation in any activity, to the fullest extent permitted by Alabama law.

Medical Authorization
In the event of an emergency, I authorize emergency medical treatment for my child if I cannot be reached. I understand I am responsible for any resulting medical expenses.

Allergies/Medical Conditions:

_____

_____

Current Medications:

_____

Photo Release
I give permission for photographs and videos of my child taken during lessons, camps, and activities to be used by LB Quarter Horses for promotional purposes.

Photo Permission: YES _____ NO _____

Parent/Guardian Signature: _____

Date: _____