

Business Managers: Shawn Washington & Taneisha Queen Washington

Waiver & Release of Liability for Horse & Pony Rides

| Ι, | , agree to in no way hold any person, | |
|--|---|--|
| (Name of adult rider or parent of a minor rider) Business representative and/or the owners of Po | onies Unlimited responsible for any accident, | |
| injury, property damage or death occurring to m | ne or my child as a result of horseback riding with | |
| this contractor. I understand that horses are large | e, unpredictable and inherently dangerous | |
| animals and that accidents can and do occur wh | ile riding animals. I understand and agree that I | |
| or my child is riding at our own risk. I understand that all riders have been asked to wear a | | |
| safety helmet. I also understand that the staff ha | andlers have been trained and will take all | |
| measures to implement safety for all, during the | entire time while the animals are onsite. I have | |
| read, understand and agree to the above terms. I | agree that I will or my child will wear a | |
| helmet. | | |
| | /Signature Date | |
| Name of Riders | Signature of Rider or their parent, if they are a minor | |
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