

Enterprise Farms

"Setting a New Standard for Horse and Rider"

United States Pony Club Riding Center



Enterprise Farms RELEASE

In order to induce Enterprise Farms, (EF) and The Paddock Riding Club to allow _____, to enter upon the lands, the undersigned does fully and forever release and discharge EF and The Paddock Riding Club, their agents, employees, successors and assigns and all other persons, firms, associations, and corporations, and each of them, who are or might be liable in anyway, of and from any and all claims, demands, actions or causes of action of any kind or character whatsoever, which they may or might have against them, or any of them, arising from or by reason of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, damages to property, and the consequences thereof, which may be sustained by reason of his entering upon the lands of The Paddock Riding Club.

The undersigned does acknowledge the inherent potential danger of horseback riding and does further agree to indemnify and hold said EF and The Paddock Riding Club, its agents, employees, affiliates, successors and assigns, harmless from any and all claims, liabilities, loss, damages, demands, actions, or causes of actions, attorney's fees or expense of any kind or character whatsoever, which may be made against them, arising out of entering upon the lands of The Paddock Riding Club.

Signature(s) below, also gives EF and The Paddock Riding Club permission to have signatory transported to a hospital by ambulance and to be treated by a physician, in the case of an accident or injury, where signatory is unable to give consent and the emergency contact is unable to be reached. Signature below constitutes understanding that EF and The Paddock Riding Club are not responsible for cost or transportation and/or treatment, in anyway whatsoever, in the case of accident or injury.

Today's Date _____ Date of Birth _____ Home Phone Number _____

Address City State Zip _____ Email Address _____

Business Address City State Zip _____ Work Phone# _____

Emergency Contact _____ Emergency Contact Phone #s _____

Name of Health Insurance _____ Policy/Group/ID Number _____

Any known allergies/conditions? _____

How did you learn about Enterprise Farms? _____

Signature: _____

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