



DAN HOBYN STABLES

704 N. Mathews Road, Greenwood, IN 46143

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danhobynstables@aol.com

EQUINE PARTICIPATION RELEASE FORM

Participant Name _____

DOB _____ Height _____

Address _____

City _____ State _____ ZIP _____

Day/Work Telephone _____ Home Telephone _____

Cell Phone _____

Emergency Contact Name _____ **Emergency Contact Telephone** _____

Riding Experience _____

Participant under 21 Parent or Guardian _____

I understand that riding and participating with horses involves a risk. I have considered the risk and the potential for injury carefully. I understand that every precaution is being taken by the stable and the instructors to prevent accident or injury. I agree to abide by all the safety rules and all standards imposed by the stable and the instructors. I understand I am riding and participating at my own risk. I will not hold the stable, any employees or instructors responsible or liable for any accident, injury or loss to myself, my horse or my property. I understand the responsibility for any injury to myself or my horse is mine, and that any personal injury will be covered by my insurance. I will not hold Dan Hobyn Stables, instructors at Dan Hobyn Stables, or any connected with Dan Hobyn Stables liable for any cost, expense or damage to myself or my horse.

WARNING: UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Participant Name (Printed) _____

Participant Signature _____

Participants under 18 must have signature of Parent or Guardian

Date _____

EMAIL ADDRESS (Used for billing) _____

Insurance Information:

Participant under 21 Parent or Guardian _____

Participant Health Insurance Plan _____

Health Care Policy Number _____