



White River Valley Riding Center  
704 N. Mathews Road, Greenwood, IN 46143  
[www.danhobynstables.com](http://www.danhobynstables.com)  
[danhobynstables@aol.com](mailto:danhobynstables@aol.com)

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## EQUINE PARTICIPATION RELEASE FORM

Participant Name \_\_\_\_\_

DOB \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day/Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email (Used for billing) \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Emergency Contact Telephone** \_\_\_\_\_

Riding Experience \_\_\_\_\_

Participant under 21 Parent or Guardian \_\_\_\_\_

Optional Medical Information that you wish to disclose, which may be important for the instructor to know prior to your lesson: \_\_\_\_\_

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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 \_\_\_\_\_

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### Insurance Information:

Participant under 21 Parent or Guardian \_\_\_\_\_

Participant Health Insurance Plan \_\_\_\_\_

Health Care Policy Number \_\_\_\_\_