

# Highland Stable



5900 Highland Road  
Pleasanton, CA 94588

## Highland Stable/Highland Riding Limitation of Liability

This is an agreement by which **Highland Stable/Highland Riding** and/or **Sarah Vernlund, Jennifer Tuttle, Luz Villegas, Megan Clupny and Theresa Lalor** have agreed to provide horses, tack, and/or instruction in horse mastership to the undersigned **Rider**. By signing this agreement and delivering this form to **Highland Stable/ Highland Riding** or their **Agents**, the **Rider** acknowledges that he/she is fully aware that horses are large and strong animals, and that even the best trained ones are sometimes unpredictable, and thus horse activities involve inherent dangerous risk of serious injury or death. Therefore, the **Rider** and **Highland Stable/Highland Riding** have agreed that the **Rider** expressly assumes any and all risks of injury and loss, and he/she agrees to indemnify, defend from liability, and hold **Highland Stable/Highland Riding and Their Agents** harmless from and against all claims arising out of or incidental to the **Rider's** use of any equipment, property, or animals provided by **Highland Stable/Highland Riding or Their Agents**, or incident to any riding instruction or other activities being conducted by or for the benefit of **Highland Stable/Highland Riding and/or their Agents**, including without limitation all consequential damages, whether or not such claim, injury or loss resulted directly or indirectly from acts or omissions, including negligence, by **Highland Stable/Highland Riding and/or their Agents**.

Further, if the undersigned **Rider** is not legally an adult, the accompanying signature below by the **Rider's** parent or legal guardian constitutes agreement on their part to hold **Highland Stable/Highland Riding and/or their Agents** harmless from any liability arising from the activities of the **Rider** carried on with **Highland Stable/Highland Riding and/or their Agents**.

It is the intention of this agreement that when using its facilities or horses, or taking lessons at **Highland Stable/Highland Riding**, the **Rider** will look out for his/her own safety and the safety of his/her horses, and will not blame or sue **Highland Stable/Highland Riding and/or their Agents** if he/she or his/her horse(s) get hurt. **Due to the size, age and strength capabilities of our horses we have a weight limit of 180 pounds.**

Initials \_\_\_\_\_

### \*Highland Stable Cancellation Policy:

Students are permitted to reschedule one lesson per session when at least 24 hour notice of cancellation is given. The makeup lesson must be scheduled within the current session. Any additional cancellations will result in the forfeit of that lesson. At least 24 hour notice allows for the possible filling of the lesson slot. Unfortunately, there will be no exceptions and no refunds.

Initials \_\_\_\_\_

**Rider:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**Parent or Guardian if under 18:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**PLEASE FILL OUT MEDICAL INFORMATION ON BACK**

# Highland Stable



## MEDICAL RELEASE (please print clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian: (If under 18) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Alternate #) \_\_\_\_\_

This release authorizes **Highland Stable/Highland Riding, Sarah Vernlund, Jennifer Tuttle, Luz Villegas, Megan Clupny and Theresa Lalor** and/or their agents and employees to take whatever steps appear to be reasonably necessary to prevent and/or mitigate harm arising out of an accident or illness, including but not limited to transportation to and procuring treatment by any and all agencies, etc. deemed necessary hereto. It is expressly understood that reasonable steps will be taken to notify parents, guardians, or other custodians but no liability of any sort will arise from failure to do so.

Signed: (Rider) \_\_\_\_\_ Date: \_\_\_\_\_

(Guardian-if Rider is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Regular Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Regular Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Emergency Facility \_\_\_\_\_

### Alternate Person to Notify in Case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

**Initials** \_\_\_\_\_ Photo Disclaimer: I give Highland Stable permission to use any photo(s) of me or my children on their website, newsletters, or materials to promote Highland activities. Highland Stable will not identify any of the students or clients in the photos.

**\*\*In order to keep you and/or your child safe it is important to share with us any impairment or disabilities that could affect the riding experience. These may include but are not limited to: balance issues, learning/processing impairments, hearing disabilities, allergies (bees, animals, foods), prone to fainting or heat stroke and diabetes. Please speak with your instructor if you have any further questions.**

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